S. HRG. 99-277

INVESTIGATION OF INDIAN HEALTH SERVICE

HEARING

BEFORE THE

SELECT COMMITTEE ON INDIAN AFFAIRS
UNITED STATES SENATE

NINETY-NINTH CONGRESS

FIRST SESSION

ON THE

INVESTIGATION OF THE INDIAN HEALTH SERVICE

MAY 30, 1985
BILLINGS, MT

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INVESTIGATION OF INDIAN HEALTH SERVICE

MAY 30, 1985

U.S. SENATE,
SELECT COMMITTEE ON INDIAN AFFAIRS,
Washington, DC.

The committee met, pursuant to notice, at 1:30 p.m., in room 502, Yellowstone County Court House, Billings, MT, Senator John Melcher (acting chairman) presiding.

Present: Senator John Melcher.

Also present: Max Richtman, minority staff director.

Senator MELCHER. This is a Senate Select Committee on Indian Affairs hearing this afternoon.

There are a number of things that we need to discuss, and we will get some answers that are more meaningful than points that have been raised to answer our questions over the past 6 months.

The purpose of the hearing actually is not to just air what I disagree with or what other people disagree with.

The purpose of this hearing is to have some answers on why there have been some unlawful acts on money spent on equipment, why there have been shortchanging of health care delivery to Indian reservations, why there has been some doctors and staff transferred around from reservation to reservation unlawfully, and why there have been some unlawful withholding of funds appropriated for delivery of health care to sick Indians, and to Indian reservations for preventive health.

I certainly want to know why, apparently, a regular procedure was used in sending IHS staff to China using IHS funds.

Finally, I want to find out if there is any real good reason why there should be a coverup of those unlawful actions, and maybe somebody will be able to explain to me as the afternoon goes on, why this has been covered up and why corrections haven't been made on these unlawful activities.

We will hear first from the Indian Health Service. And maybe we will be more enlightened afterward.

I would like to hear James Danielson, Harvey Lich, Dan Longen, and Margene Tower.

Do I pronounce that right, Margene?

Ms. TOWER. Margene.

Senator MELCHER. I would like to have all four of you, and Gerald Ivey.

James Danielson is the Indian Health Service area director here in Billings for Montana and Wyoming. Harvey Lich is the program planner here for Indian Health Service, and Dan Longen is con-

tracting officer, and Margene Tower is the mental health specialist of Indian Health Service.

Gerald Ivey is Deputy Director of Indian Health Service in Washington.

Who wants to talk first, you, Gerald?

Please keep your comments very brief and be right to the point. Now, I have raised the issues, let us answer the issues.

Mr. IVEY. Senator, Mr. Danielson——

Senator MELCHER. You want him first?

Mr. IVEY. He has the opening statement.

Senator MELCHER. All right. Go ahead, Mr. Danielson.

STATEMENT OF JAMES DANIELSON, AREA DIRECTOR, INDIAN HEALTH SERVICE, BILLINGS, MT; ACCOMPANIED BY GERALD IVEY, DEPUTY DIRECTOR, INDIAN HEALTH SERVICE, WASHINGTON, DC; AND HARVEY LICH, PROGRAM PLANNER, DON LONGEN, CONTRACTING OFFICER, AND MARGENE TOWER, MENTAL HEALTH SPECIALIST, OF THE INDIAN HEALTH SERVICE, BILLINGS, MT

Mr. DANIELSON. I am James Danielson, director of the Billings area Indian Health Service. Of course, with me on my left, immediately, is Mr. Gerald Ivey, Deputy Director of Indian Health Service. Also at the table with me on the far left is Mr. Harvey Lich, who is the Assistant Director for Planning and Information Systems.

On my immediate right is Margene Tower, who is the Director of Behavioral Health Programs, Billings area, and on my far right is Mr. Dan Longen, contracting officer.

I have a relatively brief opening statement I would like to read into the record, if I may.

Senator MELCHER. Please do.

Mr. DANIELSON. The Indian Health Service is the Federal bureau charged with administering the principal health program for American Indians and Alaska Natives. The mission of the Indian Health Service is carried out through a comprehensive health delivery system providing qualitative preventive, curative, rehabilitative, and environmental health services. The programs are managed by both IHS and the tribes, utilizing direct and contract services.

The Billings area has the responsibility for the IHS programs in Montana and Wyoming. The service population is estimated at 40,000 and is operating on a $51,310,000 budget for fiscal year 1985.

The following brief statements are provided on the issues identified in your May 17, 1985, invitation for IHS participation.

The Billings area health care delivery system has successfully made progress upgrading the quality of its services, as evidenced by complimentary letters from private sector physicians, the improved retention of IHS physicians beyond their obligated service time, and the greater number of IHS staff physicians who have completed specialty training and are board eligible.

The Billings area is operating under a 1983, 5-year ADP strategic information system plan which is based on IHS-wide concepts. The plan is updated regularly.

The plan was based on the assumption and philosophy of a decentralized information system that supports decisionmaking at the lowest service unit in the area.

The goal at the end of the 5-year period is to have an integrated ADP/telecommunication network at each service unit or facility.

Procurements have been made according to the plan's established priorities. The areas planned and budgeted ADP purchases for fiscal year 1984 were $400,000.

The expenditure was delayed as a result of clearance procedures and approval of the IHS-wide systems plan. In addition, fiscal year 1984 supplemental funds were made available to IHS in September 1984. Because of the limited ability to spend funds received late in the fiscal year on direct patient services, we were able to execute the ADP plan ahead of schedule.

In order to improve our responsiveness to the needs of the tribes, the Billings area has developed and implemented a number of tools to assist in meeting the challenges of an everchanging health delivery technology, keep abreast of constant changing resource levels, and to continue working toward equitable distribution of resources between locations.

Staff, representing between 60 percent and 85 percent line item budget costs are necessarily a vital part of that process. Staffing decisions are made with the intention of maintaining a balanced program in the total area regardless of resource changes.

The Billings area staff is committed to continuing our search for new methods that will decrease the potential for basic misunderstandings of intent and occasional omissions that lead to strained relationships.

Mr. Chairman, that concludes my opening remarks. At this time we will be happy to respond to questions.

Senator MELCHER. Where did you get the $400,000 for the computer then?

Mr. DANIELSON. The $400,000 is a part of the 1984 IHS area budgeted funds. It comes from across all budget line items.

Senator MELCHER. When did you purchase them?

Mr. DANIELSON. The actual purchase was executed in September 1984.

Senator MELCHER. September what?

Mr. DANIELSON. September 30.

Senator MELCHER. September 30, which is a monumental date, isn't it, the last day of the fiscal year, and you purchased them on the last day of the fiscal year, $400,000 worth of computers. When did you open the boxes?

Mr. DANIELSON. They are being opened as they were installed and made operational at each location.

Senator MELCHER. So have you got them all opened yet? This happens to be May 30.

Mr. DANIELSON. Yes, sir, at the end of this week they will have been all installed and will be operating.

Senator MELCHER. So it took you 8 months. You waited until the last day of the fiscal year to spend the money, and it took you 8 months to get them in operation, as of today?

Mr. DANIELSON. They have been put into operation as the company that provided the equipment was available to install them, and

as our schedules allowed us to implement the actual use and training of the operators.

Senator MELCHER. You were just stating that you had money left over. I don't quite follow that. How come you have money left over if this was appropriated funds, line items?

Mr. DANIELSON. No, sir, what I was saying was that we received from IHS a supplemental appropriation which was made available to us in September, which was then distributed down to the area office, and that was the portion that I was talking about.

Senator MELCHER. Did anybody ever ask you why you spent money on the last day of the fiscal year before?

Mr. DANIELSON. Yes, sir, it has been discussed.

Senator MELCHER. How many times in your career?

Mr. DANIELSON. Several times.

Senator MELCHER. How has the habit persisted with you then?

Mr. DANIELSON. In this particular case, the only way we could process the documents that needed to be processed to clear the purchases and the availability of money happened to fall out that way.

Senator MELCHER. Why would you spend $400,000? In your experience, you know the regulations absolutely forbid you to spend more than $400,000 on one purchase without going through GSA.

Why did you do that? Do you know the GSA regulations on this? What is the limitation of GSA without going through GSA on this?

Mr. DANIELSON. May I refer the question to my contracting officer? I am not sure that I have the answer myself.

Senator MELCHER. Go ahead then, if you want to.

Mr. LONGEN. I have to correct the record. They were bought on September 17, the bulk of the yearend purchases. We received clearance from our Department in Washington on September 11 to go ahead and buy it.

Senator MELCHER. Now, I am going to hold you accountable for your own judgment, and we will hold your superiors in Washington accountable for their own judgment on this. Just giving me this paper shuffle isn't going to work.

Now, what is the answer to the question that Mr. Danielson referred to?

Mr. LONGEN. The GSA regulations that we were acting under were a temporary regulation that did not have the full effect of the law at that point in time.

Senator MELCHER. Did you disagree with it?

Mr. LONGEN. Yes, sir.

Senator MELCHER. You disagreed with it?

Mr. LONGEN. Yes.

Senator MELCHER. But they were right there in front of you. They had the full effect of what you were supposed to do, right?

Mr. LONGEN. What I am saying is the laws that were in effect at that point in time, it was a temporary GSA regulation that was issued that made GSA buying off of the GSA schedules nonmandatory.

And they weren't to be treated as mandatory GSA schedule buys or in lots of other parts of the Government, if you will.

And when this regulation——

Senator MELCHER. You know, I go through all this. I am going to stop you right there. If you don't like the GSA regulations, I guess you can argue with them.

If you think they are temporary, you can argue about that, and if you think they are only going to be there for a few days, you can argue with GSA about that.

I run a Senate office. If you don't like doing business with the GSA, maybe I don't either, but I do. And I do what they tell me.

You bought $400,000 worth of computer equipment, absolutely contrary to what the GSA was telling you you could do, but you did it. Now tell me why, just briefly.

Mr. LONGEN. Very briefly, sir, we agree exactly with what you are saying. We brought the issue up to our headquarters. I don't know the machinations that took place. I don't know the mechanics that took place.

But the general word came out that in all Indian Health Service areas, you can go ahead and buy from these GSA schedules.

Senator MELCHER. I tell you, they are just forcing you from on top to spend the money in a hurry. Doesn't that make you want to use your own judgment and say no?

Mr. LONGEN. Well, let us put it this way, personally speaking, sir, I documented my files as best as I could in the situation, and I agree with you in part, but——

Senator MELCHER. Mr. Danielson, you are responsible.

Mr. DANIELSON. Yes, sir.

Senator MELCHER. How do you duck this responsibility? Did you talk to the U.S. Attorney about this?

Mr. DANIELSON. No, sir, I have not.

Senator MELCHER. Has he ever called you?

Mr. DANIELSON. Not regarding this issue, no.

Senator MELCHER. Has anyone from the U.S. Attorney's Office ever talked to you about this?

Mr. DANIELSON. Not about this.

Senator MELCHER. Do you shuffle them off to somebody else?

Mr. DANIELSON. No.

Senator MELCHER. If anybody from the U.S. Attorney's Office had talked to you about this, you would know about it, right?

Mr. DANIELSON. Yes.

Senator MELCHER. The U.S. Attorney has told us that he has looked at this. I don't know how he could have looked at it without talking to you. Did you know he was looking at it?

Mr. DANIELSON. I know that there have been discussions inside of the Department, HHS, about the subject, and then these are the people that I have had my discussions with.

Senator MELCHER. I'm talking about the U.S. Attorney right here.

Mr. DANIELSON. No.

Senator MELCHER. You didn't know he was discussing this. He must have been very quiet. He must have felt he had to sneak up on somebody. This is all documented. It is all in the record.

What about the inspector general, the Office of the Inspector General? Did they talk to you about this?

Mr. DANIELSON. They have not.

Senator MELCHER. Don't you think they ought to talk to you about it, or what do you want to do about it?

Mr. DANIELSON. As best I can determine, there was nothing improper with the process that we went through in procuring the ADP equipment.

Senator MELCHER. Well, I think it's unlawful, and I hope there is enough of the right stuff in both the U.S. Attorney's Office and the Office of Inspector General to inform you that it is unlawful.

Do you want to say something, Mr. Ivey?

Mr. IVEY. Yes. Thank you, Mr. Chairman. As you indicate, there has been a question come up about the purchase of this equipment on the part of the Indian Health Service, a part of which is this Billings' equipment.

But the Indian Health Service late in the last fiscal year did purchase a considerable amount of equipment primarily because we received our supplemental funds late in the year. That is the primary reason.

As you indicate, a question was raised within the Department. There has been a group formed. They have looked into the issue with representatives from the Specifications Office of the Inspector General and the departments of various representatives.

And we have recently received the final recommendations from the work group. The final decision is not yet back, but we have received information that as a result of their investigation, which included people from the Department, the Public Health Service, Office of the Inspector General and others, that there were no violations of law or regulations.

Senator MELCHER. Now wait a minute. Which Office of Inspector General?

Mr. IVEY. No, no. I said the Public Health Service within our Department. That is their finding.

Senator MELCHER. Oh, let us see now. Who is inspecting who here?

Mr. IVEY. There is a work group that was formed at the request of our Department, the Department of Health and Human Services.

Senator MELCHER. I see, to make up a committee of ourselves and inspect ourselves?

Mr. IVEY. No, there were other people.

Senator MELCHER. Have you discussed this with the Office of Inspector General?

Mr. IVEY. I have not personally, but they have been involved and have talked with members of our staff at headquarters, yes, sir.

Senator MELCHER. Now, I am not certain what the Office of Inspector General is going to do of HHS. What do we call that now; what do we call our umbrella?

Mr. IVEY. Health and Human Services.

Senator MELCHER. HHS, all right, I don't want to be behind times. I am not sure what an Office of the Inspector General created within HHS is going to do about one of the offspring or one of the segments of HHS, and apparently nothing.

Now, I asked for the U.S. attorney to look at this. He looked at it for 2 or 3 months, and wrote letters saying he was so busy, I guess, that he didn't want to spend much time with it.

But he finally said he had determined that it wasn't criminal enough, or wasn't criminal, and the FBI would have to look into it.

But he thought it ought to be looked at by the Office of Inspector General, and wrote and told them it ought to be looked at by the Office of Inspector General, which is apparently like other letters that go to, Senate offices, to the Congress and congressional committees, the bureaucrats in Washington, all of us. It just doesn't get any response.

And you are not even aware of it. Mr. Danielson isn't aware of it.

Mr. IVEY. Aware of what, sir?

Senator MELCHER. The U.S. attorney wrote to the Office of Inspector General for HHS, said he thought it warranted some investigation, and so far we haven't heard anything. That was months ago.

Mr. IVEY. I was not aware of that.

Senator MELCHER. His letter is dated January 17. I'll make it a part of the record.

The second letter, these are letters from the U.S. Attorney here, Pete Dunbar, and the second letter is dated May 2 to the Inspector General, and I'll make that a part of the record, and you people can look at it if you care to before you go. You can make copies of these.

[The letters referred to by Senator Melcher follow:]

U.S. Department of Justice

RECE...

United States Attorney
District of Montana

ADDRESS REPLY TO
UNITED STATES ATTORNEY
AND REFER TO
INITIALS AND NUMBER

Post Office Box 1478
Billings, Montana 59103

406 [illegible]
FTS [illegible]

January 17, 1985

Inspector General
Kayleen Drissell
Office of Investigation
Department of HHS
P. O. Box 2592
Denver, Colorado 80201

RE: Alleged improprieties - Indian Health Service
State of Montana

Dear Ms. Drissell:

Enclosed is a list of alleged improprieties in the Indian Health Service in the state of Montana.

The enclosed list was furnished to Senior Senator John Melcher of the state of Montana in a visit he just completed which included meetings with the various Tribal officials and others from the seven (7) Indian reservations in the state of Montana. The source or sources of this information has not been identified as they requested to remain anonymous.

The allegations on the six (6) specific statements of impropriety are being furnished to your office for appropriate investigation.

Please keep this office advised of any violation of the United States laws as developed. In addition, would you please keep Senator John Melcher of the state of Montana or Max Richmond, Minority Staff Director of Indians, Room 838, Hart Building, Washington, D.C., advised of the results of your investigation.

Sincerely,

PETE DUNBAR
United States Attorney

Enc.
cc: Max Richmond

U.S. Department of Justice

United States Attorney
District of Montana

ADDRESS REPLY TO
UNITED STATES ATTORNEY
AND REFER TO
INITIALS AND NUMBER

Post Office Box 1478
Billings, Montana 59103

406/657-6101
FTS/585-6101

May 2, 1985

Inspector General
Kaylaen Drissell
Office of Investigation
Department of HHS
P. O. Box 2692
Denver, Colorado 80201

RE: Alleged improprities - Indian Health Service
State of Montana

Dear Ms. Drissell:

Reference my letter of January 17, 1985. This is to advise that I have received no response whatsoever to that letter. We have had considerable inquiry and excellent liaision with the Office of Senator Melcher and specifically with Max Richtman, Minority Staff Director for Senator Melcher's office.

To emphasize the interest in captioned matter, I am enclosing, for your benefit, copies of the following letters:

Honorable Senator Melcher's letter to this office, dated February 8, 1985;
My letter to Senator John Melcher, dated February 19, 1985;
Senator Melcher's letter to this office, dated March 11, 1985;
Teletype message of Senator Melcher to this office, dated April 17, 1985.

In addition, through the assistance of Mr. Max Richtman, we were able to interview, on a confidential basis, one of the complaintants in this matter assuring confidentiality.

Following this interview and a research of the allegations and information obtained, we have resolved

Kayleen Drissell
May 2, 1985
Page Two

that there have been no violations of laws of the United States prosecutable in United States District Court.

However, there does still remain serious allegations of imrporiety in violation of Health and Human Services administrative requirements and rules and regulations.

I would urge prompt investigation of the allegations set forth in my letter of January 17, 1985. And that the office of the Honorable John Melcher, Senator for the State of Montana be kept advised of this investigation, recommended administrative action and/or remedy.

Sincerely,

PETE DUNBAR
United States Attorney

PD:bh
Enc.
cc: Senator John Melcher

Senator MELCHER. I think they are unlawful, and I think these acts, we are going to stop them, we will stop them by demonstrating they are unlawful, or we might as well quit making laws in Washington.

We have got plenty of laws now. I guess we can't enforce the ones we have got on the books.

Mr. Danielson, this is $400,000. Did it ever occur to you that there was some money needed in some of these reservation clinics? What is your attitude on that? Were they telling you they didn't have enough money?

They wish there would have been more money available so they could treat more people, pay the bills, the ones they had treated; used those people that go around the reservations; what do you call those?

Mr. DANIELSON. Community health representatives.

Senator MELCHER. Yes, CHR's, right.

Mr. DANIELSON. Right.

Senator MELCHER. We didn't have enough money for them. There were programs that were being shortchanged. What is the greatest disease among Indian people in Montana and Wyoming?

Mr. DANIELSON. Upper respiratory is the major categorical problem that we have.

Senator MELCHER. That is what you think is the most important one?

Mr. DANIELSON. That is the one that is most prevalent.

Senator MELCHER. What about alcoholism, where does that rate?

Mr. DANIELSON. It is certainly one of the major problems, also.

Senator MELCHER. Were any one of these programs on the reservation shortchanged on that?

Mr. DANIELSON. They certainly can use more resources to operate alcohol programs on the reservations.

Senator MELCHER. What about mental health? Was every one of those programs shortchanged on the reservations?

Mr. DANIELSON. Unquestionably, there could be more resources used there, also.

Senator MELCHER. So what is more important, the $400,000 for these computers that were not purchased under the law, or those programs?

Mr. DANIELSON. I don't think you can really answer it as to which is more important, because——

Senator MELCHER. The most important——

Mr. DANIELSON. It is obvious that the health delivery and the dealing with individual people's problems is important.

I think that the support activities that go into assisting you to manage those programs also have a long-term effect upon what you are capable of doing. So it is not a straight swap.

Senator MELCHER. Now, we are not going to get into that. If we all wanted to say that computers are good, fine. But the computers are here, are they not? Do you have them hooked up to the reservations?

Mr. DANIELSON. They are here.

Senator MELCHER. So you are good about getting the forms filled out, but maybe we don't have the Alcoholism program going.

Let's go to that a little bit. How much money did you have last year, total, for the Alcoholism Program?

Mr. DANIELSON. It was $1.7 million of alcoholism funds for projects.

Senator MELCHER. Now $1.7 million, and there are seven reservations?

Mr. DANIELSON. Correct.

Senator MELCHER. So anybody that was a greenhorn might just think, well, you could divide seven into $1.7 and come up with about $250,000 per reservation. But that isn't the way it works, is it, Mr. Danielson?

Mr. DANIELSON. No, it isn't.

Senator MELCHER. How much of that $1.7 million did you have here in the area office?

Mr. DANIELSON. Those dollars are all project-identified dollars. We manage the programs out of operating management dollars.

Senator MELCHER. You have $1.7 million. Crow was allocated $14,000; is that correct?

Ms. TOWER. No. I don't have the individual figures, but the Crow contract was—most of the contracts are around $1,000, somewhere between——

Senator MELCHER. How much of that is support, the IHS personnel; how much does that support?

Ms. TOWER. None.

Mr. DANIELSON. All of the money we are talking about is direct contract to the projects?

Senator MELCHER. Well, I am not going to become an accountant up here this afternoon or ever, but I want some straight answers, and I want them right up front.

How much of this money is spent for overhead?

Mr. DANIELSON. None of the $1.7 million was used for overhead.

Senator MELCHER. So none went for salaries of anybody in this area?

Mr. DANIELSON. That is correct.

Senator MELCHER. So that would assume we had $250,000 out there on the reservation?

Mr. DANIELSON. I would assume there was a total of $1.7 million scattered in the area, yes. There are actually 11 programs that are funded out of that.

Senator MELCHER. On seven reservations.

Mr. DANIELSON. Three urban programs are also included in that.

Senator MELCHER. Just for the record, name the three towns, since we brought that up; which of the three towns?

Mr. DANIELSON. Missoula, Butte, and Sheridan, WY.

Senator MELCHER. Who is in charge of these programs?

Mr. DANIELSON. They are managed by a director of the program under contracts by boards that they are managed by. The contract is managed out of the Indian Health Service, Billings area.

Senator MELCHER. All right, is mental health handled the same way?

Mr. DANIELSON. No. The mental health programs are a combination of contracts as well as direct services.

Senator MELCHER. How much for that?

Mr. DANIELSON. May I refer the question?

Senator MELCHER. Please do.

Ms. TOWER. The mental health budgeted last year was $980,000.

Senator MELCHER. $980,000?

Ms. TOWER. Yes.

Senator MELCHER. Now, that is significantly less than the Alcoholism Program.

Ms. TOWER. Yes.

Senator MELCHER. And do you know how much of that stayed in the area office?

Ms. TOWER. Area office budget, which also supports the alcoholism coordinator, is about $150,000.

Senator MELCHER. My information is that $217,000 stayed in the area office, and if I am wrong, I want to know.

Ms. TOWER. You may have the correct figures. I could be wrong.

Senator MELCHER. I am really heavy on this this afternoon, because we have got a crowded docket here in terms of witnesses, and I want to get through all of them so they can go home and I can do some other work.

I just don't want to beat figures around very much. So give me your best figures right off the bat, if you can.

I want to mention this, and get it in the record, that my information on alcoholism is that $4,547 was retained here in the area office for the Alcoholism Program.

Now, I am putting that in the record, because that will flag it, and if you disagree with it, you can tell us where we are wrong. But I think $1.7 million might do some good, but it better get out where the clinics are, or it isn't going to do any good here.

You know, I find myself growing old talking year after year about Indian Health Service, which has always got a lot of funds appropriated out of using that money for sick people and for immu-

nization programs, for alcoholism and mental health programs. Quit spending it for overhead.

I will start with you. I think you spend too much in Washington, and I have thought so for 16 years, and I am getting, as you might understand listening to me today, I am getting really up to here with it.

And unless it starts to change and you get that money out where the sick people are, you are going to have a lot more trouble as time comes along.

I think this example here will push it to the limit and get some attention that there has been some law violated. And maybe that will get your attention and get the attention of everybody there are at HHS so they will start wondering why you don't spend more, a higher percentage of these funds.

I think there is about 50 percent of this money that is appropriated—what are you going to get this year, $800 million?

Mr. IVEY. Plus, yes.

Senator MELCHER. And I think about 50 percent of that is spent just entirely on overhead. That is my best guess.

Mr. IVEY. I would disagree with that statement.

Senator MELCHER. Well, I think you ought to. I think you ought to disagree with it. But I can't overhead in Washington, and I can't overhead in this area office, and I count these computers as overhead.

And it would be all right if there were plenty of money to spend on the health part of it first, and then see whether the next priority would be the computers.

There is $700,000 that was spent right at the end of the fiscal year in this area office here last year, and we have talked about $400,000.

But I want to get into the next big chunk for $250,000 which was used to purchase Wang word processors and personal computers. This is different. This is less than the $300,000 amount that was supposed to be done so under GSA regulation.

But tell me how necessary this $250,000 for Wang processors was, and how many of them are here and how many of them are out in the field?

Mr. DANIELSON. The word processing units provide a network of ADP or office automation to each one of our field locations as well as into the area office.

Which, in effect, allows us to begin to deal with some of the administrative day-to-day management activities that are related to but are not necessarily a direct part of the data management that related to the patient care and to other management activities.

So that the two together give us an automated office and assist us in feeding into the network of computers. So they are a part of the total package.

Senator MELCHER. I am all for word processors, and if you needed all of them after you took care of the health care needs, or at least a reasonable amount of them—you never get through treating everybody—but I am all for them, so you don't have to stress their usefulness.

But why $242,000 worth of them? That is a quarter of $1 million.

Mr. DANIELSON. I believe that that total amount of dollars is tied up with the word processors plus minicomputers and personal computers that are all tied up into a network.

Senator MELCHER. Well, all right, sure you can tie them all up into a network, but why so many at one time? How many of them are here in Billings?

Mr. DANIELSON. I don't have the exact figures of how many of these are here in the area. All I can tell you now, and I would be glad to provide it, is that the purchases were geared at us providing a network of capability throughout the total area.

Which would basically give us what we needed for the next few years in order to begin to automate the total operation that we are now working with.

[Material will be supplied as part of the Department's response to the Committee's subsequent letter which consolidated this request with other questions growing out of the hearing.]

Senator MELCHER. Are any of them out in the field?

Mr. DANIELSON. They are.

Senator MELCHER. What date were they purchased?

Mr. LONGEN. The word processors were purchased on September 17, and the personal computers, we started purchasing those in January 1985, and ended in March 1985.

Senator MELCHER. Have they all been unpacked, taken out of the boxes?

Mr. DANIELSON. They are all unpacked and are being in use now.

Senator MELCHER. Are they just like the computers, today is the last day they got all in use?

Mr. DANIELSON. They were necessarily being done in phases. I wouldn't say what exact date that we completed the total service unit training and put into operation those pieces of equipment.

Senator MELCHER. Where did this money come from?

Mr. DANIELSON. The $300,000, or, roughly, that we are talking about, the remainder of the $700,000 was funds that were made available from the distribution of the supplemental funds for Indian Health Service which was covering such items as the payout and related kinds of things.

Senator MELCHER. Well, then this memorandum dated July 25 from you to the Director of Division Management and Policy Systems in Rockville, MD, says you are going to use some money out of mental health to buy some Wang computers and some Wang stuff.

This memo dated July 25 said you were planning to spend some money out of mental health for this——

Mr. DANIELSON. What we are saying is that there is a total package of roughly $700,000 worth of ADP activities, and that it was charged to a variety of the overhead costs of operating programs throughout the area.

Senator MELCHER. This memo of September 11, last year, same deal, Division of Management from you to Division of Management Policy Systems and Rockville taking it out of mental health, same deal, same answer?

Mr. DANIELSON. That is correct.

Senator MELCHER. And so when we say that we have so much money for mental health, there is some left over at the end of the year, we will put it into equipment?

Mr. DANIELSON. We are saying that a necessary part of the operating cost of all of those programs is charged against those operating programs, yes.

Senator MELCHER. We will be hearing from people later on to find out whether they think the level of care has been anywhere near what it should be, and what that is, but I want to again turn to the other side of this discussion, and that has to do with personnel.

Now, the information I have looked at was that Dr. Chang was very happy up at Fort Peck, which is delightful, always delightful to hear that somebody goes up to Poplar, some doctor goes up to Poplar and they are happy there, and they are well-accepted in the community, and they have a lot of patients coming to them.

But he has moved down to Crow. Briefly, Mr. Danielson, why did you move Dr. Chang?

Mr. DANIELSON. That is tied up with the activities that are related to quality of care and patient services, and I would like to call my chief medical officer to address the issue, if I may.

Senator MELCHER. Certainly.

Mr. DANIELSON. Dr. Copp.

Dr. COPP. Senator, I believe the question was, why did we move Dr. Chang? I think you have some of the background material on that.

The circumstance that prompted the moving of Dr. Chang was the audible level of discourse that was going on up there between members of the staff at the service unit, and the fact that that was disruptive to the kinds of services that were being provided.

We were asked to step in, take a look at it, and as a result we got some independent evaluation on the whole process.

And I finally made the decision to recommend that Dr. Chang would function better down at a larger service unit where there was a greater number of staff that he could interact with, and I think that has proven to be the case over the past year.

Senator MELCHER. You asked for some outside help?

Dr. COPP. Yes, yes.

Senator MELCHER. Evaluation?

Dr. COPP. The independent evaluator, who was called in, was Nancy Furstenberg from Lubbock, TX.

Senator MELCHER. I will read what she said, and then you can comment on it.

"It was disturbing," and you hired her, right? Did you pick her out yourself?

Dr. COPP. No, the tribe selected this individual.

Senator MELCHER. Did you approve?

Dr. COPP. Yes.

Senator MELCHER. And you respect her opinion?

Dr. COPP. Yes.

Senator MELCHER. And you acted on it?

Dr. COPP. Yes, I acted on the collective information that I had.

Senator MELCHER. But not necessarily on hers?

Dr. COPP. Not just her opinion, correct.

Senator MELCHER. I am going to read you what I gleaned out of her opinion:

> It was distressing to an outsider to contemplate the time and money involved in evaluating what appeared to be a relatively minor matter blown out of all proportion which could have been managed much earlier by the area office. However, after my visit, I felt that the problem regarding Dr. Chang is a symbol of much greater problems involving the tribes' perception of IHS area office failures in administration, communication and health care delivery.
>
> I often heard "The patient seems forgotten." Simply put, I was shown no documented, valid, medically acceptable, professionally credible evaluation of Dr. Chang that could justify the actions of the area office.

I am going to tell you, one of the reasons I am out here. I have got other things to do other than look at what may be some very petty politics.

I don't know why it takes a lot of shuffling in the area office to go to a great deal of trouble moving somebody out of an IHS post where often it is hard to get somebody to go in there, and it takes a lot of your time. A doctor hired from, where did you say, Lubbock, TX?

Dr. COPP. Right.

Senator MELCHER. To come in here and make an evaluation that says you are wrong anyway.

You know, I agree with this Dr. Nancy Furstenberg; I never met her, never heard of her until reading this material, that it seems like a lot of fuss and a lot of expense.

That is why I am taking this time on this hearing besides the computers to bring this matter up. Now, the Senate should not have to be involved in telling you how to adjust where these doctors are.

How many doctors have you got here?

Dr. COPP. I have 40 doctors.

Senator MELCHER. About 40 doctors? How many are on the reservations?

Dr. COPP. All but three.

Senator MELCHER. All right. Now, how many are up at Fort Peck today?

Dr. COPP. At Fort Peck there are a total of five physicians there.

Senator MELCHER. Today?

Dr. COPP. Right.

Senator MELCHER. And they are there?

Dr. COPP. Yes.

Senator MELCHER. I don't mean they are gone for the day or something, but they are assigned there and they are physically there?

Dr. COPP. That is correct.

Senator MELCHER. So roughly speaking, you have about five physicians for each reservation?

Dr. COPP. That varies widely, yes.

Senator MELCHER. Since he wanted to stay there and they like him there, why did you move him down to Crow, other than the answer you gave me?

Dr. COPP. This was not a question of my intervening to move him arbitrarily. This was a question of problems that were raised locally on the reservation; he asked us to come in and take a look at it and try to solve the problem.

We looked at it from as independent and objective a viewpoint as we could. I was the only one responsible for making the final decision. I looked at all the materials. I wrote a two-page response in terms of why I was making the decision I did.

I suggested that, and I will quote:

> In the best interest of the Poplar community, Dr. Chang's career, and the development of a stable, first-class health care system on the Fort Peck Reservation, I must in good conscience recommend that we transfer Dr. Chang to the staff of the Crow service unit and make a strong commitment to improve the management, clinical organization and quality health services for the Fort Peck Reservation.

I presented that material to Dr. Chang, and Dr. Chang responded himself, saying:

> I have read the recommendation by Dr. Copp, Billings Area Chief Medical Officer, regarding the results of my evaluation and my future assignment.

The final paragraph of that states:

> I concur with and have accepted this recommendation without ever forgetting my appreciation or my greatest respect for my friends in Poplar, MT.

Dr. Chang is a find young man and a fine physician. The interpersonal difficulties that were being demonstrated at Fort Peck made it literally impossible for us to sustain him there.

Senator MELCHER. Now, were Dr. Burns and Dr. Nicholson a part of this?

Dr. COPP. Were they a part of it?

Senator MELCHER. Yes.

Dr. COPP. Yes.

Senator MELCHER. Did you discuss this with them?

Dr. COPP. Yes. There was a great deal of discussion over this question.

Senator MELCHER. They are testifying here today, aren't they?

Dr. COPP. They are here today.

Senator MELCHER. We will talk to them next.

Now, Dr. Copp, when we were asked this question several months ago, why you couldn't have Dr. Chang back, transferred back to Fort Peck, he was told that he better not ask that, to be transferred back.

Dr. COPP. Senator, I would like you to direct a specific question. I am sorry, we have got into this kind of detail. No, no, I am talking about something else.

I would like you to deal with a particular question because at the time that I made this decision, I sat down with Dr. Chang, personally, and privately, and said:

> Look, you have an option here; we have confirmed that your practice is acceptable; you are a good doctor; you realize the circumstances that are facing you, if you go back up to Poplar that the community by and large was supportive.

But there were still some detractors on the reservation that he would have to deal with. And sensitive to his interests as well as our own, Dr. Chang was given the option of what he wanted to do.

We discussed it in detail, and so the decision was not made in a vacuum without Dr. Chang's input. And it was as much his decision as it was mine in terms of leaving him at the Crow service unit.

Now, if you would like, you can get a direct response from Dr. Chang himself on that.

Senator MELCHER. Well, for the record, his statement was that he was coerced into going back to Crow.

Dr. COPP. That is not true.

Senator MELCHER. You know, you and I are not going to argue about this, Doctor. We are just going to let it all hang out on the record.

And we are going to go on from there and find out what needs to be done in this area to correct this situation which I think is intolerable.

I am going to put into the record at this time an unsigned letter by three concerned physicians working in the Billings area working for IHS. There is no date on it.

[The letter referred to follows:]

Public Health Service
Health Resources and Services Administration

DEPARTMENT OF HEALTH & HUMAN SERVICES

Billings Area
Indian Health Service
2727 Central Avenue
P.O. Box 2143
Billings, MT 59103

To Whom It May Concern:

This letter is written to express our concern and dismay with the Indian Health Service in the Billings Area. As physicians providing medical services to Indians we feel it necessary to speak out about the increasing number of jobs being created in the Billings Area Office at the expense of medical services to people on reservations. The Billings Area IHS is not interested in providing medical services to native americans but rather believes the purpose of the organization is to employ highly paid administrators in Billings. The recent transfer of Martin Kileen, M.D. and Gail Kileen, R.N. from clinical positions in Browning to administrative positions in Billings in the winter when they are most needed and most difficult to replace is another example of this organizational misguidance.

Our Information is the IHS in Montana and Wyoming is allowed to employ about 680 people. That number is probably adequate to provide care on reservations but 25% of the people work in Billings and provide no care to Indians. The 150 plus people in Billings administer the Area but each reservation also has administrators to operate the local programs. Centralized administration is supposed to be efficient and result in savings but this is ridiculous. When reservation administrative staff is combined with the Area staff nearly 50% of IHS is made up of administrative jobs. We understand medical programs need administrative people but this is an example of bureaucratic overkill.

As clinicians we protest:

1. The employment of four physicians(Copp, Neligh, Kileen, vacant MCH Officer) in the area office when we do not have enough physicians on the reservations.
2. The employment of four nurses in the area office when there is an acute shortage on reservations.
3. The employment of one dentist with plans to employ another.
4. The employment of one pharmacist with another being transfered in from a reservation.
5. The employment of three mental health professionals when we can only offer crisis services on reservations.
6. The employment of four sanitarians and seven engineers in the area office.

The above people supported by a plethora of Public Health Advisors, Assistant Area Directors, Personel Officers, Accountants, Computer Operators, and Secretaries costs the taxpayers (us) millions of dollars each year. This happens as we in the clinics must inform patients they cannot have surgery or other services because their problem is not immediately life threatening.

The Area Office is constantly generating paper about retention of professionals while we are forced to see far too many sick patients with inadequate diagnostic and treatment facilities and equipment. Our nurses are so few that they turnover rapidly from overwork. We are expected to care for emergencies after hours with little or no nursing or laboratory/X-ray support. The reason physicians leave reservations is because the organization uses up all the funds for administrators rather than directing the funds toward managing the multiple medical problems identified in the population we serve.

We do not feel comfortable in signing this document because we have seen the disruption caused when physicians in the field try to improve the services provided to Indians. Reference is made to the medically dangerous condition created by the Area Office when nearly all the physicians at Poplar were ordered to move to other reservations for no rational reason. Furthermore, we enjoy serving the patients we have and do not want to be forcibly moved or to be verbally abused by a psychotic Area Director for doing nothing more than documenting the obvious.

We hope the above adequately explains why we will not stay in this organization. We seriously doubt any physicians or other professional staff will stay on reservations until providing medical services to Indians becomes the first priority.

Three Concerned Physicians

Senator MELCHER. How long have I had this? I have had it since February 2. And you may be aware of it. You may not. But it just says that they are discouraged. They like to work for Indian Health Service.

They don't know whether they are going to be able to continue under the present circumstances. And they feel constrained not to provide their names for fear of retaliation.

Now, that is a deplorable situation, Dr. Copp, and one you better address right away.

And one you better address, Mr. Danielson.

Now, this stuff isn't just going to sit here as if it is in limbo or on ice. There is going to be an improvement in the performance of this area in IHS.

Or, Mr. Ivey, your people back there are going to have Margaret Heckler all over you, because I'm not going to let go of this.

I am tired of having to spend months trying to get somebody to make corrections and nobody will do it, and I have to come out here and have a public hearing.

If you like, if you think you can be protected on this and just left alone, forget it, because that isn't going to happen. There is going to be definite improvement here, and I am going to measure it myself.

If it doesn't come out right, I think Margaret Heckler is going to want to make her own investigation, forget about the Office of Inspector General or any of this other in-house stuff at a lower level than Heckler.

If she doesn't get it done, I will find somebody else that wants to do it.

Dr. COPP. Senator.

Senator MELCHER. Yes.

Dr. COPP. Were you asking for a response on that when you talk about that letter?

Senator MELCHER. No, I am not, Doctor.

Dr. COPP. Because I think——

Senator MELCHER. I am not asking for a response on it, but I will be willing to put a response of it in the record.

And I'm not trying to be abrupt with you in a discourteous way. I just know how short of time we are, and we have quite a number of witnesses.

But we will put your response to it, or whatever comments you want to make on that letter at this point, in the record.

[Material will be supplied as part of the Department's response to the Committee's subsequent letter which consolidated this request with other questions growing out of the hearing.]

Dr. COPP. I would like to make a brief comment simply about your implication that the physicians in this area are unhappy and dissatisfied, that they somehow don't trust the administration from the area office. I don't think this is the case.

Senator MELCHER. I am not even making that implication. I am saying that there are a number of doctors that are obviously having their rights abused, and that is what I am saying.

And so you can respond in a broader way to that, but I am not trying to take votes here and say that the majority feel everything is all right.

All I am saying is that there are a number of doctors that feel their rights here are being abused, and that affects their performance.

Dr. COPP. I simply wanted for the record to say that I believe the facts will indicate otherwise in terms of the doctors who are choosing to retain their positions in this area with the Indian Health Service, and their general level of performance. I think it is improving vastly.

Senator MELCHER. Well, I am not at this point asking the General Accounting Office to make a study of this, because I think there are places for General Accounting Office studies if you can't understand what is going wrong.

I think I understand what is going wrong, but if I have to prove the point to other people, I will ask the General Accounting Office to come in here.

The preliminary view that they have, that their counsel has, is that the law has been violated here according to his preliminary review. According to this counsel's preliminary review, I think the law has been violated.

I am just going to allow it to be corrected as quickly as possible. And if you can't correct it, I am going to go to Peggy Heckler and ask her to correct it.

If that doesn't work, then we will go to the General Accounting Office, and then let them consult with your Office of Inspector General and U.S. attorney and see how it comes out.

I am going to play this just the right way, the way it ought to be done, step by step by step, but it is going to come out one way or the other.

I am not wrong on these points. And you may put in all of the additional information you want in the record, and I would be glad to have it, because it will have a bearing on what we finally do.

Now, there is one final point I want out of all of you that are there at the table right now.

And, Margene, that is this trip to China. First of all, was the cost $5,000?

Ms. TOWER. No, sir.

Senator MELCHER. What was the cost?

Ms. TOWER. The cost was $3,876.

Senator MELCHER. So the cost was less than $4,000, and the $5,000 I have is inaccurate?

Ms. TOWER. Yes.

Senator MELCHER. But the $3,876 does include all the costs that IHS had to pay for any part of it?

Ms. TOWER. Yes.

Senator MELCHER. I don't want to go back and look up figures.

Ms. TOWER. No.

Senator MELCHER. Now, who made this decision, do you know, Margene?

Ms. TOWER. The request for my participation on the delegation came from outside the agency and outside the Government.

After I got the request to participate on the delegation, I submitted the request to our office. It was processed up to headquarters and up through HRSA.

Senator MELCHER. Who made the decision?

Ms. TOWER. HRSA had approval.

Senator MELCHER. What level is that, some Deputy Secretary?

Ms. TOWER. It is above us.

Mr. IVEY. One level above the Indian Health Service.

Senator MELCHER. Some Deputy Secretary made that approval?

Mr. IVEY. Not quite that level, but——

Senator MELCHER. Higher level or lower?

Mr. IVEY [continuing]. No, lower than Public Health Service, higher than Indian Health Service, intermediate level.

Senator MELCHER. Was it Robert Graham?

Mr. IVEY. His office, yes.

Senator MELCHER. It was Robert Graham?

Mr. IVEY. Yes, his agency, I should say.

Senator MELCHER. How many people did we send to China out of the Indian Health Service this year, one?

Mr. IVEY. As far as I know, yes.

Senator MELCHER. What was the purpose of the meeting?

Ms. TOWER. The purpose was to meet with Chinese psychiatrists, nurses, tour mental hospitals, exchange professional and technical information with mental health problems in China and the United States, and state-of-the-art technology in terms of treatment approaches.

Senator MELCHER. Did it come out of Indian Health Service?

Ms. TOWER. Yes, it did.

Senator MELCHER. Why didn't it come out of the Secretary's kitty? Didn't that shortchange the mental health problems we have here in this area by about $5,000? It came out of this budget, too, didn't it?

Ms. TOWER. Yes, it did.

Senator MELCHER. Do you think it is right?

Ms. TOWER. I thought that it was an excellent opportunity. Part of the reason——

Senator MELCHER. No, no, not the opportunity. Do you think it is right to take $4,000 out of mental health programs in this area for some deputy director, or intermediate level director, Robert Graham, to choose to spend $4,000 out of mental health out of this area and these seven reservations and these three clinics in urban areas?

We don't have enough money for mental health, do we?

Ms. TOWER. No.

Senator MELCHER. Well, do you think it is right that you take $4,000 away from the active programs to send you to China? Or not you, let us take personalities out of it. Send somebody to China?

Mr. DANIELSON. Could I answer that?

Senator MELCHER. Just yes or no.

Mr. DANIELSON. Yes, I think that——

Senator MELCHER. All right. I might have known that.

Let us get this in the right perspective. If Robert Graham at his level, which is completely out of Indian Health Service, if he has $4,000, let him take it out of his funds.

Don't you think that is better, Mr. Ivey?

Mr. IVEY. We would have preferred that, if they would have had the money, but they didn't.

Senator MELCHER. Oh, you mean they ran out of money in Robert Graham's office? You don't mean that, do you?

Mr. IVEY. No.

Senator MELCHER. That is the only point I want to make. If it is worth sending you to China, Margene, that interaction between what you know and they know, is good. Let them take it out of the money that they have got in their office, not away from these programs.

Mr. Danielson, I don't think you should answer yes on that. I think you should answer no, and you should protect against that sort of thing in the future.

I don't want to shut you off completely yet, Mr. Danielson. What justification do you see in this that relates to these programs right here specifically on each reservation?

You have three urban mental health units or none?

Mr. DANIELSON. None.

Senator MELCHER. Just eight programs on reservations?

Mr. DANIELSON. Correct.

Senator MELCHER. What do you see coming back from China?

Mr. DANIELSON. I think the value is affording the manager of our program the opportunity to participate in discussions in terms of technology, in terms of the participation with not only people from overseas but also people who were involved in the trip from the United States as well.

That has afforded us both the opportunity to be exposed to that, discuss techniques, but also to share with those people some of the things that are going on in terms of the way we operate our programs.

Senator MELCHER. Well, I am not going to comment on that one way or the other, except for this basic point: I don't think you ought to take it out of funds that are meant and appropriated—and that is why they are appropriated—to this area for these mental health programs.

It is just not meant for that. Let them take it out of Peggy Heckler or Gerald Ivey's.

Mr. IVEY. Mr. Chairman, I would like to clarify. As far as the funding, the request for this trip came from this area. It was not dictated to us by some higher level within the Department, by Indian Health Service, or anyone else.

They happen to support it, and, in fact, I happen to approve it, signed the travel order.

Senator MELCHER. You approved it specifically?

Mr. IVEY. At the Indian Health Service level, that is right.

Senator MELCHER. You should have got the money from someplace else. Now, that is the point.

How long have you been here, Margene?

Ms. TOWER. Fourteen years in August.

Senator MELCHER. And there hasn't been one of those years but what you have needed more funds for mental health, has there?

Ms. TOWER. I would say that is true.

Senator MELCHER. Well, that is the answer, too. You can't take it out of these funds. Wherever the recommendation comes from, if they are good enough to get up to that level in Washington, they can be funded out of the funds that they have there.

I will tell you, I am all through with all of you, and I want to thank you for being here, but I will tell you what I want.

This thing is going to unravel, and it is going to unravel without a lot more fuss.

Mr. Danielson, I want a report from you after consultation with the Office of Inspector General, who doesn't seem to ever want to talk with you because he must be too busy down there in Denver, on why these actions approving the expensing of these sums late in the fiscal year, why they won't happen again. And I want a review of the regulations that cover these types of purchases.

From you, Dr. Copp, I want the simple procedure now to follow to avoid any repetition of transfers such as have been made, and I want something plausible that I think I can act on or refer to in the future for this area.

I just recommend that they be very concise, extremely concise, because no one is going to paw through them.

And as this record stands and as it will stand as we get additional testimony this afternoon, it will look better if you give us some reason to think that we don't have to go much further.

We are going to go further with this until I have some indication that we are going in the right direction. Thank you very much.

I would ask all of you, too, to stay, because we may have more questions of you later on this afternoon.

[Material will be supplied as part of the Department's response to the Committee's subsequent letter which consolidated this request with other questions growing out of the hearing.]

Senator MELCHER. I would like to hear from Dr. Win Chang, and I would like Dr. Patrick Burns and Dr. Julie Hurlocker and Dr. Craig Nicholson to come up.

Dr. Chang, you are going to be first. Please proceed.

STATEMENT OF DR. WIN CHANG, INDIAN HEALTH SERVICE, CROW AGENCY, MONTANA

Dr. CHANG. Mr. Senator, I have been asked by the Senate Select Committee on Indian Affairs to testify at today's hearing regarding my transfer from Poplar to Crow Agency in the summer of 1984.

I entered the Public Health Service as a commissioned officer in July 1983, after a 1-year surgical internship at the UCLA hospital.

My duty in the Public Health Service was that of a general medical practitioner at the Fort Peck Indian Health Service Unit in Poplar. The other physicians at the Poplar Indian Health Clinic were Dr. Patrick Burns, who has had 3 years of postgraduate training in medicine, and Dr. Conleth Crotser, who has had a 1-year training in pediatrics.

Dr. Crotser was functioning as the clinic's chief medical officer when Dr. Burns and I arrived at Poplar.

On March 1, 1984, I was assigned as the chief medical officer by the former Service Unit Director, Mr. Verne Gibbs, to relieve the duties of Dr. Crotser.

In May 1984, in an attempt to resolve some complex problems of conflict at the Poplar Clinic, the Billings area office decided to transfer both Dr. Crotser and me.

Dr. Crotser left in early May for duty at Rocky Boy, however, I had not been assigned a site yet as promised.

Meanwhile, the tribe, the Community Hospital, the clinic, and the Poplar community in general all expressed a strong desire for me to stay in Poplar and questioned the area office the necessity of also transferring me out of Poplar.

When I inquired as to why I was also being transferred, a letter was sent to me from Mr. Danielson directing my transfer without addressing why I was being transferred but did go on to mention that this decision does not question Dr. Chang's expertise or integrity.

I was astonished to find out that another letter, also from Mr. Danielson, was sent to Mr. Norman Hollow, chairman of the Fort Peck Tribe, detailing the reasons for my transfer.

Mr. Danielson in that letter cited that I deliberately and repeatedly engaged in acts of insubordination, refusing to follow instructions from the chief medical officer, when, in fact, there has been no mention of repeated acts of insubordination in my effectiveness report from Dr. Crotser, my former chief medical officer.

Furthermore, I have never received any written reprimand nor documentation from either Dr. Crotser, Mr. Gibbs, or Mr. Sauter, the clinical director, concerning acts of insubordination.

If all along, I have been deliberately and repeatedly engaged in acts of insubordination, then why was I appointed as the new chief medical officer to the person whom I was insubordinate to and refuse to follow instructions from?

Mr. Danielson also charged that I failed to deal with my colleagues in a professional manner and as a result, the discipline of the entire medical staff was compromised.

Again, I was unable to understand the logic behind such a statement since the entire medical staff was never consulted on my lack of professional manner. Nobody has ever communicated with either

Dr. Burns, Dr. Nicholson—chief of staff at the Poplar Community Hospital—or Dr. Segnitz—staff member at the Poplar IHS Clinic and Community Hospital—regarding my ability to deal with my colleagues in a professional manner.

I felt that those charges against me were negligent and that I have been slandered unjustly without a thorough investigation beforehand. Then, when I inquired as to why and on what basis those charges were made against me, I not only did not receive a satisfactory explanation but was further reprimanded and directed to report for duty at the Crow Service Unit for an evaluation of my performance on several issues.

I was also informed several times by Dr. Gordon Neligh of the fact that I was serving in my probationary period in the Commissioned Corps and may be separated from that service under subchapter 23.7, instruction 1, of the Commissioned Corps Personnel Manual.

This subchapter is concerned with subjects which the commissioned officer may not submit as matters of grievance. The list of allegations against me were unbelievably appalling and, I feel, biased. I was to be evaluated in (1) my conduct with respect to my fellow health professionals, particularly, my ability to accept supervision in the clinical setting, (2) my basic clinical competence in pediatrics, obstetrics/gynecology, emergency medicine, psychiatry, internal medicine and surgical skills as are appropriate to a primary care setting, and (3) my ability to work with and under the supervision of people of different races, sexes, ethnic groups, and religions.

I am quite concerned and disappointed at the manner in which those prejudgmental accusations were made against me. It was also obvious that neither Mr. Danielson nor Dr. Neligh have ever contacted those individuals who were best qualified to evaluate me but have in fact disregarded any support or commendation that the staff members of the Community Hospital, the tribe and the community have given me.

Do they not merit the letter of support on my clinical performance and my ability to work with other people from Dr. Nicholson who is board certified in family practice and who is also the chief of staff at the Poplar Hospital?

Do they also not consider the judgment of Dr. Burns, who has had three years of medical training, be valid?

And where did the issue of my ability to work with people of other races, sexes, ethnic groups and religion come from? I have always been genuinely dedicated to my work, have never had any problems either in medical school or internship, and have always gotten along with people well.

Now that all of a sudden I was threatened with the possibility of being separated from the Commissioned Corps based on issues that were not sincerely investigated but were based on innuendo and personal biases. The point to be raised here is not whether Mr. Danielson and Dr. Neligh had the right to question me in those areas or to request a formal evaluation but whether accurate, unbiased, justice has been served.

Indeed, my clinical and character evaluation by the medical staff at Crow Agency was in support of me. Furthermore, Dr. Furstenberg of the Texas Tech Medical School was invited to do an inde-

pendent evaluation of my competence and behavior based on her interview with approximately 30 to 35 people in the Poplar area. And her summary was that she was "shown no documented, valid, medically acceptable, professionally credible evaluation of Dr. Chang that could justify the actions of the Area Office."

On Thursday afternoon, August 2, Dr. Copp showed up at the clinic in Crow and wanted to discuss with me regarding my future assignment. He readily pointed out that the allegations against me will be cleared as a result of the positive evaluation by the Medical Staff at Crow and the interviews conducted by Dr. Furstenberg in Poplar.

Dr. Copp then went on to point out that even though Dr. Furstenberg recommended that I return to Poplar for my remaining year, if I want to, that would be a poor decision based on the contention that both he and Dr. Furstenberg regard that I have now become a "symbol of the polarization" of the trouble between the tribe and the area office. My return to Poplar might aggravate the already tenuous relationship.

In addition, he mentioned that there are people in the Poplar Clinic who would make my stay there very difficult. Based on that, Dr. Copp recommended the possibility of transferring me to Crow instead.

At that time, I agreed with Dr. Copp that there may be difficulties if I do return to Poplar and continued problems may occur with disruption of clinic activity; however, I have left the decision of my transfer up to the area office since they were the ones who directed my transfer from Poplar to Crow for the evaluation.

Then, on Friday morning, the next day, I received a call from Ms. Mendoza from Senator Melcher's office inquiring if it was true that "I didn't want to go back to Poplar." I corrected her that I never said that I don't want to go back to Poplar but that I understood Dr. Copp's analysis that there would be trouble if I should return to Poplar and that I have left the decision of my transfer up to the area office.

I then contacted Dr. Copp that afternoon to inform him of the mistaken statement of me not wanting to go back to Poplar.

Dr. Copp called me back at 4 in the afternoon and requested me to go to the Billings area office on Monday morning to discuss the final decision.

On Monday morning, in Dr. Copp's office, I was given a statement written by Dr. Copp as to be the "suggested type of response" for the acceptance of my transfer to Crow. I informed him that I would rather write my own statement.

We then discussed for several hours on issues related to my accusations and the problems that may occur should I return to Poplar. I was then directed to return to the office after lunch to present to Mr. Danielson my statement of acceptance of the transfer.

That afternoon I met with both Dr. Copp and Mr. Danielson, first in Mr. Danielson's office presenting my statement, then the meeting was moved to Dr. Copp's office for further discussion.

We met for several hours in that office and went over my statement virtually word for word.

Even though both Mr. Danielson and Dr. Copp mentioned several times to me that the choice is mine—either to go back to Poplar or

to go to Crow, but they also vehemently informed me of the many difficulties that I may face if I go back to Poplar.

However, the exact nature of the potential problems were never clearly defined. But Mr. Danielson did emphatically say a couple of times that there will be a "list of conditions" if I go back to Poplar.

Unfortunately, this statement is difficult to prove since it was just the three of us in that office without the benefit of a tape recorder. Even though superficially it seemed that the choice was mine if I wanted to go back to Poplar, but in fact I saw no alternative but to concur with the area office's wishes. I was very uncomfortable in that office and I was fearful of any possible adverse actions that may be taken against me should I elect to go back to Poplar.

I have but lost all faith in the area office due to my previously disappointing dealings with them, realizing that they may say one thing to me but may go on to say something totally different to another party.

At this point, I am still very apprehensive of the possible repercussions that may come about because of the series of unjustified and injurious remarks against me made by Mr. Danielson. There is evidence that statements are still continuously being made by Dr. Neligh alluding to my quality of health care as distributed in a recent survey just a few months ago on several issues.

Today, I have come to testify under the Federal Witness Protective Act in order to clarify the general public, especially to my friends in Poplar, any misunderstandings regarding my transfer from Poplar to Crow.

Regardless of the eventual outcome of this hearing, certain immutable truths will remain.

In my opinion, Mr. Danielson and Dr. Neligh have made threatening and biased statements against me and that they continue to do so behind my back, as evidenced by my previous statements.

However, the fundamental issue crucial in the final analysis is—has the Billings area office forgotten the health care of the Indians on the reservation or are they more concerned with their political power play?

Thank you, Mr. Senator.

Senator MELCHER. Doctor, where did you get your education?

Dr. CHANG. I received my Doctor of Medicine Degree at the University of Rochester, Rochester, NY.

Senator MELCHER. Rochester?

Dr. CHANG. Yes.

Senator MELCHER. Are you native-born?

Dr. CHANG. No, I am not.

Senator MELCHER. Where were you born?

Dr. CHANG. I was born in Taiwan.

Senator MELCHER. How many years have you been in the United States?

Dr. CHANG. I came here when I was 10 years old. I am 28 now: 18 years.

Senator MELCHER. You got your M.D. at the University of Rochester?

Dr. CHANG. Yes.

Senator MELCHER. And did you testify that you had 1 year——

Dr. CHANG. One year of surgical training at UCLA.

Senator MELCHER. Following your time at Rochester. Now, is that the equivalency of a residency?

Dr. CHANG. No, it is not.

Senator MELCHER. So you are working here on the basis of general practice?

Dr. CHANG. This is a pay back to the National Health Scholarship Grant which I received during medical school. I am obligated to do 2 years of primary care at a setting which is medically indigent.

Senator MELCHER. It does not serve as a residency?

Dr. CHANG. It does not.

Senator MELCHER. And so you are in effect a general practitioner?

Dr. CHANG. Yes.

Senator MELCHER. In the broadest sense?

Dr. CHANG. Yes, sir.

Senator MELCHER. Dr. Nicholson.

Dr. NICHOLSON. Yes, sir.

Senator MELCHER. You were chief of staff at the time Dr. Chang was there?

Dr. NICHOLSON. Yes, I was.

Senator MELCHER. Were you satisfied with him?

Dr. NICHOLSON. Yes, I was.

Senator MELCHER. Have you made any comments that would indicate to either Dr. Crotser or Mr. Danielson that there was something wrong with Dr. Chang being there?

Dr. NICHOLSON. No, I did not, nor was I aware of the situation although I was kind of aware there was some little trouble over there.

Senator MELCHER. What was the trouble?

Dr. NICHOLSON. What I perceived as a personality problem between the doctors more than anything else.

Senator MELCHER. Which doctors?

Dr. NICHOLSON. Dr. Crotser and Dr. Chang in particular. I know there was some disagreement.

Senator MELCHER. Dr. Crotser was under you, was he not?

Dr. NICHOLSON. No. Well, Dr. Crotser had become the chief medical officer at the Indian Health Center in Poplar. There are three physicians at that time who were on the staff of the Community Hospital in addition to myself: four in-house physicians on the staff.

And so it was Dr. Burns and Dr. Chang and Dr. Crotser at the time. And I was chief of staff, which is not an administrative position, you see, but in a sense I was—you couldn't say I was their supervisor. I was not supervisor, no.

Senator MELCHER. Did you at that time lead?

Dr. NICHOLSON. I did not feel that there was a problem involving the work of any of the physicians at the hospital, and did not have anything to do with the troubles that were going on over at the Indian Health Center.

Indeed, I wasn't aware that things had reached the point where people were becoming quite hostile toward each other. I was aware

there were disagreements, but I did not know that this action was going to be taken.

I think I found out just about the time it was taken or even after it was taken from Dr. Crotser who called me aside to tell me that the action was being taken.

Senator MELCHER. What action was that?

Dr. NICHOLSON. The action of transferring her out of the Indian Health Center, at the same time telling me that Dr. Chang would also be transferred out.

So what I was faced with was having, actually, all the Indian Health Center physicians being transferred out of the area by the end of June, and faced with no staff, no physician staff at the Community Hospital.

As I told Dr. Chang, I feel that he's really gone through a lot of turmoil personally, but my concern mainly at the time, and still is, is having physicians in the community who can take care of the medical needs of the people in the community.

And to me this is the real issue. And at the time I was very concerned that Dr. Chang was being made the issue, and he was not the issue. He should not have been the issue, in my opinion.

The issue was having physicians in the community. And all of a sudden, three physicians were being taken away. One of them, Pat Burns, was scheduled to go.

And we understood that there was a physician going to replace him, but the other two, Chang and Crotser, had no replacements, nor had any communication been given to me, like I said, they were leaving.

And then once it was decided they were leaving, I had no communications for quite a while that there would be any replacements, other than that I had got word of mouth, well, we will have temporary positions.

Senator MELCHER. You mean you weren't even consulted?

Dr. NICHOLSON. No, no, I wasn't consulted, no.

Senator MELCHER. At all?

Dr. NICHOLSON. Not about that decision, no.

Senator MELCHER. Who——

Dr. NICHOLSON. I would also like to, Senator, if you would——

Senator MELCHER [continuing]. Now, wait a minute. You were never consulted on this matter by Dr. Copp?

Dr. NICHOLSON. No, not at the time, no.

Senator MELCHER. Prior to the decision?

Dr. NICHOLSON. No.

Senator MELCHER. Dr. Burns?

Dr. BURNS. Yes, sir.

Senator MELCHER. You were there at the same time?

Dr. BURNS. Yes.

Senator MELCHER. Did you have any problem with Dr. Chang?

Dr. BURNS. Never.

Senator MELCHER. Did you have any idea there was any problem with Dr. Chang?

Dr. BURNS. In terms of him?

Senator MELCHER. Yes.

Dr. BURNS. No, I never felt there was any problem at all.

Senator MELCHER. Were you ever consulted by Dr. Copp?

Dr. BURNS. I was never officially consulted, although I expressed my opinion to him and Dr. Neligh, stating that I did not think Dr. Chang was the problem.

And, in fact, the problem was elsewhere, and they should look at it elsewhere, but they continually refused to heed what I was saying.

Senator MELCHER. I have your statement now, Dr. Burns. Do you want to read it?

Dr. BURNS. Why don't I just go through it?

Senator MELCHER. Why don't you go through it?

Dr. BURNS. I would like to make one statement here on behalf of Dr. Chang, that my association with him has always been of the highest quality, and on a professional level I benefited very much from him.

It was stated earlier that Dr. Chang would perhaps do better if he was in an area where there were more physicians.

Well, my experience in the IHS has been that multiple physicians at any service unit have their little niches where they seem to do better: some are in internal medicine, some in pediatrics, others psychiatry or whatever.

Dr. Chang's previous training is in surgical orthopedics, which likewise has benefited the health care at the service unit level, and he is sought out by physicians for his knowledge and ability.

Anyone who does not think that orthopedic care is a major component of general practice at an Indian Health Care Center really doesn't know what they are talking about in my opinion.

At any rate, regarding the issue at hand, I realize you are more interested with the transfer of Dr. Chang, but I would like to take this opportunity to talk about the accusations which have been made against him which were put in writing and were distributed to various parties.

In essence, you know about where these accusations came from, so I won't dwell on that, but I would like to go through a series of letters here.

The accusations were made by the person in charge with the title of chief medical officer. That appears to be the reference that Mr. Danielson used and the one that he put so much backing in.

And as Dr. Chang pointed out, he later became chief medical officer, so I am not sure about this inconsistency. However, on these letters of May 11 to August 6, I would like to go through some of these statements and raise some questions.

First of all, in the letter from May 11 from Mr. Danielson to Mr. Hollow regarding Dr. Chang's transfer, there are a couple of quotes.

The first one states that: "The executive staff at Billings has conscientiously gathered facts surrounding the issue and carefully reviewed our position."

The next quote is: "He deliberately and repeatedly engaged in acts of insubordination, refusing to follow the instructions."

Now, the question I want to bring up, was the validity of the person who made these accusations ever questioned, or was it just the title of chief medical officer that seemed to carry so much effect?

As you notice, he was not accused of doing this, it just flat out states, bingo, he was insubordinate.

Did the area office ever question if the accusations had substantial merit before putting it in writing and sending it to Mr. Hollow?

As we will see later, the chief medical officer of the area office readily admits that the chief of staff does not always fall on one of adequate experience and that compromise may be involved.

I cannot help but wonder if the use of the chief medical officer as reference was a useful technicality which did not need justification technically. And if so, how conscientiously were facts gathered that later were used to incriminate Dr. Chang?

In the next letter of May 11 there is another statement that says:

> Every clinician has the obligation to deal with his colleagues in a professional manner. As a result, the discipline of the entire medical staff was compromised.

Now, this statement in the context that it is put claims that Dr. Chang was the clinician that was unable to deal with his colleagues, and that he was the one responsible for compromising discipline of the entire medical staff.

I am not sure what is meant by the word "discipline," but the question is, did it ever occur to the area director that there may have indeed been another clinician who was responsible for the mess at Poplar.

Was Dr. Chang ever given the benefit of the doubt? Did it ever cross his mind? And if so, why was Dr. Chang so readily declared as being insubordinate and detrimental to the clinic?

On the letter of August 6, a letter from Dana Copp to Dr. Chang, regarding his assessment of Dr. Hurlocker's assessment of Dr. Chang and also his evaluation of Dr. Furstenberg's statement, he states that Dr. Chang was "unambiguously fully competent to practice medicine in both ability and desire."

And yet later on in the letter, he goes on to say, "I believe that prior lapses in professional decorum were attributable to the unusual circumstances."

In other words, what they are saying here is that he got better. His professional decorum that he had a lapse in before, could be chucked off to the fact that he was having trouble then, but now he was OK.

I still fail to see where it has ever been truly substantiated that Dr. Chang was guilty of the previous accusations.

Indeed, the word "lapses" carries with it some connotation that Dr. Chang had poor control of himself, exhibiting some form of mental and emotional instability, and for that reason his actions could be overlooked.

I state firmly to you that Dr. Chang never in my opinion had any such lapses in his professional decorum, and I personally resent the fact that these statements still stand against him.

If, indeed, Dr. Copp readily admits, as he does in this memorandum, "to the compromise involved in giving relatively inexperienced general and medical officers the 'Chief of Staffs' responsibilities" at a small clinic, then why did neither he nor Mr. Danielson ever question the substantiality or the merit of the accusations

made against him by that acting chief medical officer and perhaps a small group of her friends.

Technically, it was not required to discuss the matters with Dr. Nicholson or Dr. Richard Segnitz, who is also on the staff of the Community Hospital and is a respected physician.

Nor did they have to technically discuss it with me. Now, Dr. Nicholson and Dr. Segnitz are both active members of the Poplar medical staff.

However, it is not clear how the area office can so easily turn aside letters of praise and concern for Dr. Chang from Dr. Nicholson, who is a mature, experienced and respected physician, and as Dr. Chang has pointed out, he was board certified.

Dr. Nicholson has worked closely with Dr. Crotser, myself, and Dr. Chang. He has been a member of the clinic staff with Dr. Crotser the year before, and he was chief of staff of the Poplar Community Hospital.

How could they so easily glance over Dr. Chang's support from Dr. Nicholson, also the support from the hospital administrator, the Tribal Council, the Chamber of Commerce, and the community at large?

It is unthinkable that the area office could truly believe that myself, the hospital staff, the tribe and the community at large had had the wool pulled over our eyes by Dr. Chang and that he was, in fact, sometimes an incompetent, irresponsible, insubordinate, and unpersonable individual who got over his lapses?

I admit that the area office has had moments of fairness and has said good things about Dr. Chang, but this is not what I would like to draw your attention to.

What concerns me are the insidious remarks that are brought in official correspondence which are written in fact, without any hint of them being perhaps invalid or unsubstantiated.

Technicalities are important in some contexts, but I believe justice is far more important, and these terms are not necessarily synonymous.

I express concern to this committee about these statements on behalf of Dr. Chang, for in the end we are talking about comments made against the credibility and stability of a physician. To falsely degrade the reputation of such an excellent and competent physician is to destroy the very essence of his professionalism, and should not be tolerated.

If these accusations are found to be false, or hearsay at best, I believe Dr. Chang deserves a formal memorandum stating so and with full apologies. These are the issues that trouble me and the ones I would like to see resolved.

Senator MELCHER. Thank you very much, Doctor.

Dr. Hurlocker, I want you to make your comments on Dr. Chang right now and conclude that portion, and then we will go on to the staffing problem that has been your testimony.

Dr. HURLOCKER. OK. I don't have a lot to add to the testimony that's been given. We have been delighted to have Dr. Chang with us at Crow Agency. I think you have a copy of my evaluation of him.

My part of the story is, last year we were requested by the Billings area office to have Dr. Chang work for us at Crow Agency for an indefinite period for the purpose of evaluation.

Specifically, we were to assess his clinical skills; ability to accept supervision; and to interact with staff and patients.

It was ultimately decided that he would complete his service at this unit, so he will have spent a year with us by the time he leaves in July.

We were told that there had been some problems during his stay at Poplar, in particular, accepting supervision from a female supervisor and some questions were raised as to his clinical competence. We were not given particulars.

The administration at Billings area office apparently felt it was serious enough to warrant removing Dr. Chang from Poplar and stationing him here at Crow Agency for evaluation.

During his service here, we have found Dr. Chang to be an excellent addition to our staff. He has provided quality medical care, has excellent rapport with patients and staff, has accepted supervision without problems and has, in addition, engaged in many innovative activities to promote community health education.

Senator MELCHER. Doctor, just for the record, you are a family practice physician, board certified, working as a volunteer for the last 2½ years at Crow Agency?

Dr. HURLOCKER. Yes; that's true.

Senator MELCHER. Now, Dr. Chang, did you believe in this discussion you had with Mr. Danielson and Dr. Copp, did you believe you had a free choice in deciding whether you would return to Fort Peck, to Poplar?

Dr. CHANG. No. In my opinion, I do not think I had a free choice, because I was placed in this office with two people who were supposed to be my superior officers, the chief medical officer of the area, and the director of the entire Billings health service.

They reminded me of the rules and regulations that are consistent with the Commission Corps Officer, reminding me of the problems that may occur if I do return to Poplar, and reminding me of the list of conditions.

However, that is difficult to prove since I had no representation with me when I was summoned to go to the area office on Monday morning. So in that sense, I saw no alternative but to comply with them.

And from my previous dealings, just to give one example, the letter to me on May 15 had to do with my transfer without questioning my integrity or my ability.

However, in a previous letter written to the chairman of the Fort Peck Tribe, May 11, Mr. Daniels on questioned my ability to interact with other physicians and staff members.

And then they readily, within a 2-week period of time, gave me a list of allegations against me, questioning my professionalism, my behavior, my character and my morals.

And up to this day, I still cannot understand specifically where the accusations about my dealing with people of other races, sexes, ethnic groups or religions come from.

Is that a way of fancy writing, or is that based on substantial evidence?

Senator MELCHER. Dr. Chang, do you believe that you were pressured at this meeting?

Dr. CHANG. Yes; I believe I was pressured.

Senator MELCHER. Pressured to state that you did not want to return to Poplar?

Dr. CHANG. Absolutely, because I feared that if I—first of all, because my superior officers, Chief Medical Officer and the Director, they said that it would be an extremely poor decision to make if I do go back to Poplar.

Then they reminded me that the choice is mine. It was like a double-edged sword, that if I do go back to Poplar, I do have to be aware of some potential problems that may occur, since I was a Commission Corps Officer and have to comply with being in my probationary period as mentioned to me several times before with subchapter 23.7, instruction 1 of the Commission Corps Personnel Manual.

Senator MELCHER. Did you testify that this meeting with Dr. Copp lasted 2 hours?

Dr. CHANG. It lasted several hours, yes.

Senator MELCHER. Is that more than 2 hours?

Dr. CHANG. That would be—I would say so, yeah. It was after lunch, and we got back in the office after 1:00 p.m. I didn't leave the office until maybe at 3:00 p.m.—3:30 p.m.

Senator MELCHER. This was a continuous meeting?

Dr. CHANG. This was a continuous meeting.

Senator MELCHER. Were you coerced?

Dr. CHANG. How do you define the word "coercion"? Because to me it is a subjective definition. And in my opinion, I definitely was coerced.

Senator MELCHER. I will restate the question.

Did you feel it would be disadvantageous to your future——

Dr. CHANG. Oh, absolutely yes.

Senator MELCHER [continuing]. If you had said you wanted to go back to Poplar, did you fear that would be disadvantageous and harm your future?

Dr. CHANG. No question about it, especially since I just graduated from medical school recently, and I have my profession ahead of me, with these allegations made against me officially, I feared for my future career.

Senator MELCHER. On the basis of what?

Dr. CHANG. On the basis of me being a Commission Corps Officer.

Senator MELCHER. What would happen to you in the future; what was your fear?

Dr. CHANG. My fear was that——

Senator MELCHER. There would be more accusations?

Dr. CHANG. There would be more accusations. As I stated in my previous statement, the exact nature of the potential problems that may occur to me were never clearly defined.

Senator MELCHER. May I restate this and ask you to respond to it?

Did you feel that the charges made through the exchange of letters by Mr. Danielson with yourself and others were prejudicial? Just answer "Yes" or "No."

Dr. CHANG. On their part, yes.

Senator MELCHER. That they had not consulted with your co-workers who were best able to make the judgment?

Dr. CHANG. To my knowledge, they have only consulted with one particular physician, and perhaps a number of her friends in Poplar and in the area office.

Senator MELCHER. How many of them are there to consult with?

Dr. CHANG. They consulted, I know, one physician, Dr. Crotser.

Senator MELCHER. But how many were available to consult with?

Dr. CHANG. There were at least two other physicians available to consult with: Dr. Burns and Dr. Nicholson.

Senator MELCHER. Both of who have testified today.

Dr. CHANG. Yes, and Dr. Segnitz, who also was a member.

Dr. BURNS. Dr. Chang, maybe you are forgetting, also, there are two physicians that are in Wolf Point that are technically part of that service unit that could also have been consulted, and Dr. Segnitz, who was a physician from Culbertson who works at the health care center in Poplar, also.

Senator MELCHER. And so out of your fear of your future and your future reputation because of unfounded charges made against you and documented in a file, your file——

Dr. CHANG. Yes.

Senator MELCHER [continuing]. You said you did not want to go back to Poplar?

Dr. CHANG. I said that I concur with the area office, and I left the decision of the transfer up to them. And I never said that I don't want to go back to Poplar. I just left the decision up to them.

Senator MELCHER. What's the point then? The point is that you were asked to make your choice, was that not right?

Dr. CHANG. Right. The point is that if I was not given the rules and regulations of the Commission Corps, if I was not given the threatening remarks of the potential problems, and if I had no fear of my future appointment in various hospitals, of my career in question being jeopardized, I would go back to Poplar, yes, sir.

Senator MELCHER. That would be your choice?

Dr. CHANG. Yes, sir.

Senator MELCHER. You couldn't state that because of these fears?

Dr. CHANG. Yes.

Senator MELCHER. Well, I would identify that as coercion.

These were all words and vocal expressions, were they not, at these meetings with Mr. Danielson and Dr. Copp?

Dr. CHANG. In the office?

Senator MELCHER. Yes. All of it was merely discussion, vocal comments. There was nothing threatening other than that?

Dr. CHANG. Well, at least with my interaction with Mr. Danielson and Dr. Copp, I felt that Mr. Danielson sometimes had a problem in terms of having a low threshold in expressing his anger and disagreement.

I felt that there was no need for him to raise his voice to me, to stand in front of me and shake his fingers at me.

And I felt that there was no need for the Director of the area of Indian Health Service to pound on the wall in front of me.

Senator MELCHER. Let us repeat that. There was anger?

Dr. CHANG. He was definitely angry at my—in a way, my unwillingness to state that I did not want to go back to Poplar.

Senator MELCHER. In other words, was it pressure to get you to lie?

Dr. CHANG. Can you repeat that?

Senator MELCHER. Was it clear to him that you wanted to go back to Poplar?

Dr. CHANG. The pressure that I felt was for them to get me to state the line of, "I don't want to go back to Poplar;" yes, in a sense to lie.

Senator MELCHER. Did you say, "pounding on the wall"?

Dr. CHANG. Yes, he did.

Senator MELCHER. Well, Dr. Chang, we will ask for your file, your personnel file. Have you asked for it yet?

Dr. CHANG. I have my official personnel file from Rockville, MD, yes.

Senator MELCHER. Have any of these letters been made a part of that file?

Dr. CHANG. At the time of request for my official file, which was approximately a month ago, there were no letters.

However, I'm still extremely apprehensive that after my departure from the Public Health Service, the letters and the innuendoes, the comments, communications and remarks made against me will go to my official file.

Senator MELCHER. Well, we will ask for your file now, and we will ask for it to be updated periodically. And we will watch for that. I will assure you, I will be very interested if that should happen.

Your future should not be jeopardized by what on the surface appears to be an overzealous attitude by the area office. And whether it's, of course, Dr. Copp or somebody else, it's still Mr. Danielson who has the responsibility.

That overzealousness to find some reason to move you is indeed startling.

And the only reason we asked you to be here was to find out indeed if it was true that in the face of what we understood to be the case and proves to be the testimony of your colleagues that are working right with you, that they would like to have you stay there.

Dr. CHANG. Thank you.

Senator MELCHER. I think in your young career, Doctor, you will find that you have done the right thing by making this clear, and just what the circumstances are in this episode of your life, because it will relate generally, I believe, to an uplifting and an upgrading of the professional performance of this area office in dealing with physicians who are working for IHS and a member of the Corps, as you describe it, and you correctly describe it.

That is a service few young people are willing to give, because they put their reputation on the line, and they have the fears as you have had fears.

But you can rest assured that you have contributed wisely and with some degree of courage in unveiling all of the facts that are concerned.

Now, we are not going to hear from Dr. Crotser. I don't intend to. I don't believe that it is necessary. I believe we have had the necessary testimony well-documented, and we will get some more necessary testimony from professionals.

We will get some testimony later on from the patients that you treated up at Poplar and what their attitude was, and the feeling from the community there.

Now, that's all I want from the three of you, Dr. Nicholson. You may have a word, Dr. Nicholson. Make it brief.

Dr. NICHOLSON. I will make it very brief. Basically, I feel that the problem that arose at the time of Dr. Chang's transfer, namely a lack of physicians at Poplar, has only been partially corrected, and in the foreseeable future will remain partially corrected.

And that the real issue facing Poplar anyway is having physicians there who are going to be staying around for a while and not having to deal with temporary physicians all the time.

Since Dr. Chang left Poplar, we have had 22 temporary physicians for a total time of 65 weeks of temporary physicians.

These physicians, I have to approve to give them privileges on the hospital staff, and they come often at the last minute.

There's been an attempt to make information available to me sooner, but the situation continues to be that we have to have people coming in and out.

At any given time, there may be 50 percent of the staff at Poplar Community Hospital who are temporary physicians, some of whom are good, some of whom are not.

I shouldn't say "not," but there are problems with them. For example, sometimes they have been out of practice for a year, or they have been practicing, say, marginally; they are retired.

So they come. They haven't had training, for example, in basic CPR. I have to find this out from them.

I have to say, suppose somebody has a heart attack and ends up unconscious and has to be revived; can you take care of the situation?

And I find out often, no, they can't. They haven't had that training. So what I have to end up doing is that we have to have a backup system for them.

This continues to go on. We have got five IHS physician positions in Fort Peck Reservation. We have, to my knowledge, possibly two IHS physicians in Wolf Point. I'm not sure. There is at least one.

In Poplar, there are two. That is, possibly, four IHS physicians. But I understand there is now an increase to six spots for physicians on the Fort Peck Reservation.

One of those spots is for the clinical director. It was recommended by Dr. Furstenberg that that clinical director be someone who has experience to kind of look over things.

They have been unable to find someone to fill that position. Dr. Bunt, who is one of the physicians, who I believe has about a year of training like Dr. Chang, is now clinical director.

He is one of two physicians at Poplar. The other is Dr. Collins. Dr. Bunt, because he is clinical director, is going to have to be involved in a lot of administration. This is going to cut down on his patient-care time.

Dr. Collins has training in anesthesia. He is being used on Crow Reservation. He is being used for his anesthesia skills. So he is off, out away from Fort Peck doing other things.

So we have at this point two partial doctors in Poplar, and then these temporaries, a succession of temporaries.

And I don't see this condition changing. To be fair to the area office, I don't think that's all their fault. It is a hard-to-place position, so I can't really say it's their fault completely.

They did have another physician there who didn't work out and who had to leave. So part of it is due to that, and circumstances beyond their control.

But I do want to get this point across, that to have effective health care for the people in Poplar, you have to have physicians who are there.

Senator MELCHER. Well, you are saying it is a hard place. You mean it is hard to get somebody to stay?

Dr. NICHOLSON. It seems to be hard to get somebody to stay, or even to get them. In July, they are supposed to be getting new physicians to be distributed to the different areas. As far as I know, we don't have someone coming.

Senator MELCHER. Well, how can you have 22 different physicians in 65 weeks?

Dr. NICHOLSON. I am counting up like one physician stays 2 weeks.

Senator MELCHER. For what reason? Why does he come in the first place?

Dr. NICHOLSON. Because the Indian Health Center is supposed to have three physician spots in Poplar filled at any given time.

Now, at the time that Dr. Chang left, and then finally, Dr. Burns left, there was a period of time when these physician spots were filled mainly by temporary physicians.

This was at the end of June. There was a period of time from June 10 to July 6 when there was only regular Indian Health Service doctor, and two temporary M.D.'s who were taking care of the patients.

Senator MELCHER. Why are they there as temporaries? That's what I am asking.

Dr. NICHOLSON. Because they don't have regular physicians. They have to have somebody.

Senator MELCHER. Where do they come from?

Dr. NICHOLSON. There is Project U.S.A., which is a program through the AMA, I believe, in which the doctors who are interested in serving as a locum tenens are placed in areas like Poplar who need a physician for a period of time.

Now, this originally, I think, is mainly for like vacations, like if you have three regular doctors, one of them goes on vacation, then a locum tenens fills in.

But the way the locum tenens are being used, you see, is because there are not regular physicians staying there.

At the time this occurred, there was a week, almost a week, 4 or 5 days, something like that, where there was no regular IHS physician. There were three temporary physicians taking care of the health care, and there were no regular IHS physicians to take any of the responsibility.

Senator MELCHER. Were all of these 22 physicians during 65 weeks non-IHS physicians?

Dr. NICHOLSON. These are non-IHS physicians, yes.

Senator MELCHER. So it's pretty necessary, if you want a patient who is going to be sick on Sunday but not get well to the following Wednesday, I mean for 10 or 12 days, if there is going to be some physician that is likely going to see that patient all during that 12 or 14 days, you better have an IHS physician there; is that right?

Dr. NICHOLSON. I'm not quite clear.

Senator MELCHER. In other words, if you have 22 different ones coming in in about 65 weeks, that's an average of just slightly less than 3 weeks for temporary physicians.

Dr. NICHOLSON. Yes. I'm saying they usually serve a term of about 3 weeks. So what happens to patients, as they come in they see a physician.

In 3 weeks that physician is gone. There is a new face to relate to. This is a real problem for the patients.

Senator MELCHER. You better not be very ill there, that's all I can say.

Well, the point you are getting to, is you want a permanent——

Dr. NICHOLSON. I want to see some people like Dr. Chang.

Senator MELCHER. That are going to stay there?

Dr. NICHOLSON. I have to say this about the Billings area office. They are placing good people there, I think, for the most part. There are some problems once in a while. The people they have up there now are excellent. Chang was excellent.

The people they get there are excellent for the most part. We did have one that had to leave due to circumstances beyond their control. But we just don't have the bodies. We don't have enough physicians there.

Senator MELCHER. Well——

Dr. NICHOLSON. And the ones we have there right now are being used for other things in addition.

Senator MELCHER. They are not there to take care of——

Dr. NICHOLSON. We need a mature, experienced physician as clinical director.

Senator MELCHER. I am glad you added that, Dr. Nicholson. I'm through with Dr. Burns, Dr. Chang, and Dr. Nicholson. I want to thank you all very much for your testimony.

Dr. Hurlocker, we want to go into this staffing problem that you have encountered, and I wish you would briefly tell us about that.

If you need to read your entire statement, please do so. If you don't, please summarize it.

Dr. HURLOCKER. I will read it. It will be easier for me.

Senator MELCHER. All right.

STATEMENT OF DR. JULIE HURLOCKER, INDIAN HEALTH SERVICE, CROW AGENCY, MONTANA; ACCOMPANIED BY DR. PATRICK BURNS, INDIAN HEALTH SERVICE, BLACKFEET HOSPITAL, BROWNING, MT; AND DR. CRAIG NICHOLSON, CHIEF OF STAFF, POPLAR COMMUNITY HOSPITAL, POPLAR, MT

Dr. HURLOCKER. We have a chronic shortage of positions for needed staff for direct services. We appear to be competing for posi-

tions as we observe direct service positions leave the service units and become acquired by the area office.

We are chronically short of people to provide the quality care and appropriate services desperately needed. We have a tremendous turnover in nursing personnel, mostly due to the inadequate staff to allow for acceptable work schedules.

Our nurses work three out of four weekends in a month, have split days off and frequently have to come in on their days off to fill in for someone who is sick or on vacation, because we don't have enough staff to cover for those situations.

At some times, we are simply unable to do our job and admit people who need it to our hospital, because we have inadequate nursing coverage because of lack of staff.

We nearly always have nursing vacancies, because the turnover is so rapid and the working conditions don't encourage prospective employees. The long delay in processing someone to be hired also contributes to these chronic vacancies.

Even if we were able to have all those positions filled, the number of allowed positions is inadequate to meet all the needs at Crow for quality in-patient and out-patient care.

We were under the impression that we had been allotted some six additional positions this last year and were hoping to supplement our nursing staff needs with some of those positions, but they seem to have disappeared. We do not know what became of these positions.

We have seven full-time physician positions here to cover our own large volume at Crow Agency, out-patient needs of Lodge Grass and Pryor clinics, in-patient needs of Crow, northern Cheyenne and urban population of Billings, as well as all the administrative demands of providing good service in a Government institution.

Physician burn-out is generally completed within 2 to 3 years. Few ever consider staying to provide the needed continuity of care.

How will we fill our vacant positions when the PHS scholarship recipient pool runs out next year? We are already faced with several physician vacancies in the area for the coming year.

At Rocky Boy, three out of four positions are remaining empty. We have been asked by the area office to rotate through Rocky Boy 2 weeks per physician for all the area-wide physicians to fill for those vacancies.

It would seem that there's a major recruitment problem in the area office. They don't seem to be able to provide us with the basic staff to provide health care to the Indian people. I'm of the feeling that this is their function.

There are a lot of positions in the area office; in fact no service unit has as many positions. There are 153 positions in the area office. Crow is the next largest, and we have got 133 positions, if you include the Lodge Grass facility.

Many of these seem to have been taken from direct services, and yet the area office does not provide direct services that I'm aware of, other than that ENT Program.

We rely almost entirely on our own local service unit administrative creativity, energies and talents of our staff to continually up-

grade our care and delivery of services and thereby improving our working conditions as well.

This is without apparent support from the Billings area office. Our administrators there do not appear to spend much, if any, time at the service units or on the reservation communicating with the people to whom they should be directly responsible and of whom they should be supportive, rather than adversary.

They do not consult the tribal people about issue and decisions they make that directly affect these people and their health care. They do not consult the staff at the service units about the decisions that affect their direct care.

How can they know and understand the realities of providing care on the reservations, the hardships and needs of the people when there are no interactions of significance at the local tribal and service unit level?

We must question their credibility and their function. How can we use the services of or expect support from an administrative bureaucracy so out of touch with the people that they are supposed to serving.

We have organized and negotiated an Elective Surgery Program to meet the needs of people here, without draining the contract health care funds, by contracting with local specialists and providing needed services.

This has been done without increasing the expenditure of our contract care dollars. Indeed, we have spent less from fiscal year 1983 to 1984 for our outside in-patient hospital care. It has been suggested that the area office considers these services unnecessary.

Our physical therapist is considered something of a "luxury" by the Billings area office. He is one of our most demanded people for much needed services—for rehabilitation of our injured and handicapped, for many different aspects of pain care, for dealing with numerous orthopedic problems. One of our physicians wrote a proposal and was awarded a grant for a multifaceted education for our large diabetic population here. She was chastised by the area office when she would not leave her fully-scheduled clinic at Crow Agency to spend the day in the area office for a meeting with the people with whom she had already initiated negotiations concerning the grant.

The Billings Area Office had nothing to do with obtaining this grant, but were threatening her with possible loss of grant funds due to her failure to appear as ordered.

We negotiate and range virtually all of our consultant speciality clinics, our CME programs, et cetera, at the service unit level, with no significant assistance by the area office.

We have desperately needed a clinical psychologist, as we have an enormous number of people on the reservation with serious mental health problems, largely as a result of poverty deprivation and difficult living conditions.

We were given this position, but it was not filled, and we recently received copies of the job announcement, showing it to have been "canceled."

The same day another job announcement for the social worker position at Lodge Grass was also received and marked "canceled." That was one of three social worker positions for this entire reser-

vation, and they are the ones we rely upon to deal with all of the social problems, as well as the much-needed counseling in mental health.

Does it make sense to eliminate these positions in an area where there is so much need and so little resources? There is a psychiatrist, psychologist and "mental health specialist" at the Billings area office. We need those positions to provide needed direct services.

We had been able to arrange a much-needed ward clerk position to relieve some of the clerical and switchboard burden of the floor nurses during evening and weekend hours when they are already short staffed anyway.

This position was eliminated by the area office. The one area in which the Billings area office does provide us with direct services is the ENT Program. They have contracted a team which provides clinics at the service units and then does surgery on a regular basis at Crow Agency.

They recently eliminated a critical position in this team—the physician's assistant, who provided a major part of the outpatient assistance in clinics, organizing for surgery, et cetera.

In discussing this with one of our potential ENT contractors, it was stated that he would not even consider a contract under that condition, of not having this crucial PA position.

It would seem that our basic goals and priorities differ from those of the Billings area office administration. We see our priorities to be to provide direct health care services with the best quality we are able to within our resources. The area office priorities seem to be to maintain a large administrative bureaucracy at the expense of direct services to people.

We continue to observe a decline in funds to provide care. Overall cutbacks are shrinking the resources, but they are shrinking disproportionately from direct services. Wouldn't the logical place to cut be from those administrative positions?

I think that's basically all I have to say. Thank you.

Senator MELCHER. Doctor, you have been there 2½ years?

Dr. HURLOCKER. Yes.

Senator MELCHER. Have you had similar experience as Dr. Nicholson has described, understaffing of fuli-time physicians?

Dr. HURLOCKER. Yes, we have at certain times.

Senator MELCHER. With the people coming in for a few days on this program, staying 3 weeks and departing?

Dr. HURLOCKER. Yes. Most years we usually have a few weeks in which we require temporary physicians, although we are fully staffed at Crow. We have no vacant positions there now.

Senator MELCHER. And they are IHS physicians?

Dr. HURLOCKER. They are all IHS physicians, yes.

Senator MELCHER. What's the difference between Crow and Poplar? Does the location have something to do with it?

Dr. HURLOCKER. Location most definitely has something to do with it, I believe. It's much more isolated in Poplar. It is a much larger facility than Poplar. We are able to provide a lot of services there.

Senator MELCHER. But yet the services that you are able to provide are because you take care of both the Northern Cheyenne and Crow, correct?

Dr. HURLOCKER. Yes.

Senator MELCHER. It is hard to have somebody that is a physical therapist; is that right?

Dr. HURLOCKER. You mean it is hard to come by that position?

Senator MELCHER. Yes.

Dr. HURLOCKER. Yes, very.

Senator MELCHER. Now, are there many of these other services? You mentioned a special program for diabetic patients. In other words, the need is pretty great. I have heard your testimony and listened to it, and that is the sum and substance, is it not?

Dr. HURLOCKER. Yes.

Senator MELCHER. Are you also testifying that despite the needs being very great that there could be more people getting out of the area office and getting out there and doing some work with the sick? Are you testifying to that?

Dr. HURLOCKER. I am testifying that, yes.

Senator MELCHER. Do you feel strongly that way?

Dr. HURLOCKER. I feel strongly that way, yes.

Senator MELCHER. I hope you do. Because I don't want to read something in your testimony that isn't there. They carry a pretty good list of people that are qualified to help. Let us read some of them. I will get beyond the procurement course and the word processing coordinator.

What is a Medicare-Medicaid technician?

Dr. HURLOCKER. You are asking me?

Senator MELCHER. Yes.

Dr. HURLOCKER. I am sorry, I don't know.

Senator MELCHER. I think they have got them here in this office. You don't know what they are?

Dr. HURLOCKER. No.

Senator MELCHER. Would you know if they were out there at Crow?

Dr. HURLOCKER. If they were out at Crow, yes.

Senator MELCHER. Well, maybe a Medicare-Medicaid technician is somebody that types, keeps the records.

Dr. HURLOCKER. Probably.

Senator MELCHER. And then there's a Medicare-Medicaid position who is the typist. How many employees total work for IHS on Crow and on northern Cheyenne?

Dr. HURLOCKER. For Crow, the total number of positions is 133, including Lodge Grass. Lame Deer has an additional—I'm not sure; let's see, 37. They are a separate service unit.

Senator MELCHER. Thirty-seven and 133?

Dr. HURLOCKER. Yes.

Senator MELCHER. The patients from northern Cheyenne are hospitalized at Crow?

Dr. HURLOCKER. Yes, they are. They don't have a hospital at Lame Deer.

Senator MELCHER. So for two reservations we have about 170 people?

Dr. HURLOCKER. Yes, as well as the entire urban population of Billings, which includes a number of non-Crow and non-Cheyenne Indians.

Senator MELCHER. Yes, I understand. Have you had assistance from an audiologist?

Dr. HURLOCKER. Yes.

Senator MELCHER. And that comes from the area office?

Dr. HURLOCKER. Yes, that comes from the area office. As I mentioned, the ENT Program does provide us direct services in ear-nose and throat.

Senator MELCHER. Do you have any environmental engineers?

Dr. HURLOCKER. Yes, I think we probably do. I'm not real familiar with the titles and what they mean.

Senator MELCHER. Well, I mean from here, the area office, mental health specialists, environmental engineers, sanitation officers, do they come from the area office and help you in the field?

Dr. HURLOCKER. No, not that I know of.

Senator MELCHER. None of them? How about mental health?

Dr. HURLOCKER. I have never seen a mental health specialist at the service unit.

Senator MELCHER. How do you get interaction between 133 Indian Health Service people at Crow and the people here at the area office, by letter? Have you got your computer hooked up yet?

Dr. HURLOCKER. I usually get it by word of mouth or memo, memorandum.

Senator MELCHER. By memo? Does it come over computer or not?

Dr. HURLOCKER. Not that I know of, no.

Senator MELCHER. Well, you are only, what is it, 60 miles away?

Dr. HURLOCKER. Yes.

Senator MELCHER. So, 60 miles, and most of it interstate?

Dr. HURLOCKER. Yes.

Senator MELCHER. Well, isn't there an exchange, aren't these people ever here in this area office out there?

Dr. HURLOCKER. No, they are not.

Senator MELCHER. Their names——

Dr. HURLOCKER. Their names, I recognize a couple of the people.

Senator MELCHER [continuing]. They are names on memos?

Dr. HURLOCKER. Yes.

Senator MELCHER. Is that the way it is with the other doctors there? Would they say the same to me if they were testifying, the other doctors at Crow?

Dr. HURLOCKER. I believe they would.

Senator MELCHER. Does that create problems?

Dr. HURLOCKER. It creates many problems, yes. There is a general feeling of a lack of support, and also that we may be in jeopardy very soon in having to cutback a number of services because we are being asked to cutback positions now.

Senator MELCHER. That comes by memos?

Dr. HURLOCKER. Yes. Well, these little pink slips are announcements for positions, and the way we found out about the cancellation of the psychologist and the social worker was a "canceled" written across the page.

Senator MELCHER. How do you get that?

Dr. HURLOCKER. In our mailboxes.

Senator MELCHER. In your mailboxes: No consultation?

Dr. HURLOCKER. No.

Senator MELCHER. No assessment of the needs?

Dr. HURLOCKER. Not that I'm aware of.

Senator MELCHER. Have you ever had anybody ask you from the area office here how great the needs are?

Dr. HURLOCKER. No.

Senator MELCHER. Have you ever asked for more money so you could meet those needs or supplies or what have you?

Dr. HURLOCKER. Yes. Not myself, personally, but we have, the administration.

Senator MELCHER. What do you mean by "the administration"?

Dr. HURLOCKER. Our nursing administrator and——

Senator MELCHER. At the hospital?

Dr. HURLOCKER [continuing]. Our unit director, our service unit director, yes, at the hospital.

Senator MELCHER. How often does somebody come out and say, You are doing a good job, from the area office?

Dr. HURLOCKER. Well, actually, recently, I believe it was about a month ago, Mr. Danielson was out at Crow Agency, and he had an award to give to our service unit for good work, I guess. It's the only time that I'm aware of.

Senator MELCHER. I think for the record, I'm going to add some of these documents that say "canceled", and I take it they are the same thing. I have a Xeroxed copy. You have a pink one, but I think that's the same thing.

Dr. HURLOCKER. It's the same thing.

Senator MELCHER. Well, we will make that a part of the record.

[The material referred to by Senator Melcher follows:]

BILLINGS AREA INDIAN HEALTH SERVICE
HUMAN AND MANPOWER RESOURCES PROGRAM
P.O. Box 2143
Billings, Montana 59103

CLOSING DATE
OPEN UNTIL FILLED (First roster will be prepared before 10-2-84)

ANNOUNCEMENT TO MAKE KNOWN THE INDIAN HEALTH SERVICE MERIT PROMOTION PROGRAM

PREFERENCE IN FILLING VACANCIES IS GIVEN TO QUALIFIED INDIAN CANDIDATES IN ACCORDANCE WITH THE INDIAN PREFERENCE ACT (TITLE 25, U.S. CODE, SECTION 472 AND 473). IN OTHER THAN THE ABOVE, THE INDIAN HEALTH SERVICE IS AN EQUAL OPPORTUNITY EMPLOYER.

HOW TO APPLY: All applicants must submit:

1. Current, signed, application form SF-171, Personal Qualification Statement.
2. Copy of official grade transcripts.
3. If claiming Indian Preference, and you are not a current Billings Area IHS employee, you must submit BIA Form 5-4432, Verification of Indian Preference for Employment in BIA and IHS. Current Billings Area IHS Employees claiming Indian Preference must state on their SF-171 that proof of Indian Preference is on file in their Official Personnel Folder (OPF).

Instructions for PHS Commissioned Corps Candidates: Active duty applicants must submit a copy of current billet description along with comprehensive and detailed resumes or curriculum vitae showing work experience, dates, names and addresses of supervisors, education and other information pertinent to qualifications for the position.

PLEASE NOTE: Applicants are requested to complete a VOLUNTARY APPLICANT RESEARCH QUESTIONNAIRE and to submit it along with your application. This information is for statistical purpose and to determine if requirements of Federal Law are met. It is not used in the selection process. Personnel actions are made based on this information.

5/23/85

CANCELLED

Applications and related documents must be received by the closing date of this announcement. For further information, contact Laura [illegible]. Applications are subject to retention by this office. After receipt, no refunds.

NOTICE TO CURRENT FEDERAL EMPLOYEES: YOU MUST SUBMIT YOUR MOST RECENT STANDARD FORM 50, NOTIFICATION OF PERSONNEL ACTION, ALONG WITH YOUR APPLICATION.

MEDICAL AND REGULATORY REQUIREMENTS: [illegible] IN GRADE RESTRICTIONS MUST BE MET WITHIN 30 CALENDAR DAYS AFTER THE CLOSING DATE OF THE ANNOUNCEMENT OR THE SELECTED PERSON CAN ENTER ON DUTY.

***** YOU MUST INDICATE [illegible] PLICATION IN ITEM 1. IF YOU WISH TO BE CONSIDERED UNDER INDIAN HEALTH SERVICE MERIT PROMOTION PLAN, EXTERNAL HIRING AUTHORITY, OR BOTH. *****

POSITION: Clinical Psychologist, GS-180-12, $30,349 per annum

PROMOTION POTENTIAL: NONE

LOCATIONS: PHS Indian Hospital, Crow Agency, Montana

HOUSING: Government housing may be available.

TRAVEL: Relocation Expenses will be paid.

WITHIN AREA OF CONSIDERATION: DHHS-WIDE

DUTIES: Provides individual and group psychotherapy on an ongoing and intensive basis, utilizing a variety of treatment modalities to meet the needs of the population, including use and knowledge of psychotropic drugs. Administers and interprets psychological tests. Interprets findings to professional and lay staff in formulating individual treatment programs. Provides evaluations for court referrals and requests from Tribal Judges, Juvenile officers, schools, and other community agencies that encounter behavioral problems and need an evaluation and recommendation. Provides case consultation, program consultation, and education to alcoholism programs, and other social service agencies on the reservation. Provides direct services to patients in crisis like threatening situations such as suicide threats and attempts, drug overdoses, and explosive inter-personal and inter-tribal conflicts. Initiates and assists in developing psychological and sociological research instruments, studies, and projects to study chronic problems more effectively. Provides support for staff at the Service Unit in the form of inservice education on counseling, individual therapy, and staff development.

Cancelled by Crow

BILLINGS AREA INDIAN HEALTH SERVICE
HUMAN AND MANPOWER RESOURCES PROGRAM
P.O. Box 2143 - 2727 Central Avenue
Billings, Montana 59103

ANNOUNCEMENT NO. PB-85-20A2 | OPENING DATE 05-03-85 | CLOSING DATE Open Until Filled (First Roster to be prepared after 05-24-85)

ANNOUNCEMENT IS MADE UNDER THE INDIAN HEALTH SERVICE MERIT PROMOTION PROGRAM

PREFERENCE IN FILLING VACANCIES IS GIVEN TO QUALIFIED INDIAN CANDIDATES IN ACCORDANCE WITH THE INDIAN PREFERENCE ACT, (TITLE 25, U.S. CODE, SECTION 472 AND 473). IN OTHER THAN THE ABOVE, THE INDIAN HEALTH SERVICE IS AN EQUAL OPPORTUNITY EMPLOYER.

HOW TO APPLY: All applicants must submit to the address listed above:

1. Current, signed, application form SF-171, Personal Qualification Statement.
2. Copy of OFFICIAL grade transcripts.
3. If claiming Indian Preference, and you are not a current Billings Area IHS employee, you must submit BIA Form 9-4432, Verification of Indian Preference for Employment in BIA and IHS. Current Billings Area IHS employees claiming Indian Preference must state on their SF-171 that proof of Indian Preference is on file in their Official Personnel Folder (OPF).

Instructions for PHS Commissioned Corps Candidates: Active duty ... must submit a copy of current billet description along with comprehensive and detailed resumes or c... showing work experience, dates, names and addresses of supervisors, education and other infr... individual qualifications for the position.

PLEASE NOTE: Applicants are requested to complete th... APPLICANT RESEARCH QUESTIONNAIRE and to submit it along with your application. The ... research purpose and to determine if requirements of Federal Law are met. It is volur... personnel actions are made based on this information.

Cancelled 5/23/85

Applications and related documents must be rec... closing date of this announcement. For further information, contact Laura Love ...169. All applications are subject to retention by this office. After receipt, NO REQUESTS ...

NOTICE TO CURRENT FEDERAL EMPLOYEES - ...ST RECENT STANDARD FORM 50, NOTIFICATION OF PERSONNEL ACTION, ALONG WITH YOUR MOST RECENT ...

LEGAL AND REGULATORY REQUIREMEN... ...ADE RESTRICTIONS MUST BE MET WITHIN 30 CALENDAR DAYS AFTER THE CLOSING DATE OF THE ANNOUNCEMENT ... PERSON CAN ENTER ON DUTY.

***** YOU MUST INDICATE ON YOUR ... IN ITEM 1, IF YOU WISH TO BE CONSIDERED UNDER INDIAN HEALTH SERVICE MERIT PROMOTION PLAN, EXCL... AUTHORITY, OR BOTH. *****

AMENDS ANNOUNCEMENT NO. PB-85-20A1 to include GS-9.

POSITION: Social Worker, GS-185-9/11, GS-9 - $21,804 per annum, GS-11 - $26,381 per annum.

PROMOTION POTENTIAL: If the position is filled at the lower grade level the incumbent will be eligible for promotion to the higher grade level when all administrative and performance requirements are met.

LOCATION: PHS Indian Health Center, Lodge Grass, Montana.

HOUSING: Government housing may available.

TRAVEL: Relocation expenses will be paid.

MINIMUM AREA OF CONSIDERATION: Davis-Wise

DUTIES: Implements social work service at this Service Unit. This necessitates an in-depth assessment and evaluation of the needs of the Indian clients to be served. Submits plan and recommendations to Supervisory Social Worker for approval. Interviews clients for the purpose of identifying and assessing social and psychological factors affecting the patients' basic understanding, reaction, and response to medical recommendations and/or treatment. Provides skilled social casework services to individuals, families, and groups to resolve medical, social, and emotional problems which adversely affect positive response to treatment. Problem areas include physical and mental illness, related problems associated with child abuse and neglect, suicides and suicide attempts, family discord, the handicapped and developmentally disabled, and problems related to the aged. The nature of the clients' problem(s) determine referral resource to be used; i.e., assistance to patients, families, and relatives in planning for the individual's care when medical needs must be met in a center or a hospital removed from the Service Unit. Such cases often require aid to the patient and family in understanding and in planning for care away from the home reservation. Provides consultation and works with IHS staff and tribal health boards and other tribal groups. Provides primarily assistance to patients in applying for other resources for payment of medical care...

Senator MELCHER. I am also going to make a part of the record all of the communication that we have that refers to Dr. Chang and his episode, both at Poplar and at Crow.

We will make that part of the record as an appendix.

I want to thank you very much, Dr. Hurlocker. I thank you. I think you, too, contributed to this process of upgrading the service here at the area office and helping the delivery of health care to the Indian people rather than just spending it on overhead in the area office and in Washington. Thank you very much.

Dr. HURLOCKER. Thank you.

Senator MELCHER. I'm going to have a short recess now, lasting no more than 5 minutes. We are going to ask all of the remaining witnesses who are representatives, all of you representatives of the four reservations of Flathead, Fort Peck, Rocky Boy, and Blackfeet and that is it.

But please use the time to get your best points up front that are concise and related to the points that we have had and keep this testimony as short as possible. I'm running out of time, but 5 minutes recess and only 5 minutes.

[Off the record.]

Senator MELCHER. The committee will come to order.

Can I start now with S. Kevin Howlett and Joe Felsman, the representatives of the Flathead?

Kevin, for the record, you are the director of the Community Health Service and a member of the tribal council of the Flathead Tribe?

Mr. HOWLETT. That is correct, Senator.

Senator MELCHER. And, Joe, for the record, you are the chairman of the Flathead Tribal Council?

Mr. FELSMAN. Yes, sir.

Senator MELCHER. Please give us any pertinent points that you feel we ought to know about the Indian Health Services at this time.

STATEMENT OF S. KEVIN HOWLETT, DIRECTOR, COMMUNITY HEALTH SERVICES AND COUNCIL MEMBER, FLATHEAD TRIBE, PABLO, MT; ACCOMPANIED BY JOE FELSMAN, CHAIRMAN, FLATHEAD TRIBE

Mr. HOWLETT. Senator, we are pleased to appear before you today. We have several concerns with the Indian Health Services, with the Billings office.

We understand that several hundred thousand dollars has been spent on computers, and we know that at our reservation that there are computers that are still stored in boxes, at least as of last week they were still stored in boxes.

We don't have anybody that is trained to operate them, and I understand there was even a question as to the space and the adequacy of the ventilation and the compatibility and all these other issues surrounding computers and data processing equipment.

There is no question about the need for them, but if they are going to purchase them, in our opinion, they ought to be used because as of last month the Indian Health Service nursing component alone was some 900 PCI forms behind.

Senator MELCHER. What does that mean?

Mr. HOWLETT. That is patient care information data recording some information that they use for seeing the patient. These are from the Public Health nurses out in the field doing business, et cetera.

Senator MELCHER. Joe, was it your opinion that you need the computers?

Mr. HOWLETT. I think the computers would aid, Senator, but you have to have people trained, they have to be on line and they have to be compatible. They have got to talk to each other.

Senator MELCHER. Don't you think you are going to get there?

Mr. HOWLETT. Well, I would hope we are going to get there because they have spent $700,000, but as of now we are not there.

Senator MELCHER. How long have you had them there?

Mr. HOWLETT. To the best of my knowledge, they have been there probably about 6 months.

Senator MELCHER. And none of them are hooked up?

Mr. HOWLETT. They hooked one up for contract care sometime this last year, and I don't remember the exact date. But I think they are having problems with that, as I recall.

It is not something that the tribal health department is involved with directly. It is a service unit operation. So I'm really kind of at a loss as to the specifics of the operation of it.

We do have computers within the health department ourselves that we do use.

Senator MELCHER. You have never been consulted about this at all? Where are these?

Mr. HOWLETT. They are stored at the service unit located in St. Ignatius.

Senator MELCHER. Not one is hooked up, or one is hooked up?

Mr. HOWLETT. One is hooked up, as I understand.

Senator MELCHER. How many are there, do you know?

Mr. HOWLETT. I'm not sure. Mr. Richtman did make a visit down there, and I think he has the number.

Senator MELCHER. All right. Joe?

Mr. HOWLETT. Senator, there are several other issues, if I can take a second.

Senator MELCHER. All right.

Mr. HOWLETT. We are concerned about the obvious buildup in the area office. It seems to me that in looking at the data, that 1 out of 5 people who work for the Indian Health Service work in the area office.

And I guess I'm concerned that when we are operating on an emergency-only situation out there to provide health care to people, that we are a little bit top heavy. And when I say "top heavy," I think it is a well-known fact that the people in the area office are not the least expensive paid people in the Government.

We are talking about people ranging in salary from $30,000 to $65,000 per year. That is awful heavy. And we have about 50 percent of what we need out there now.

And I honestly don't know what it is they all do. I think it could be tailored. It could be streamlined. It could be made a whole lot more efficient.

Senator MELCHER. Well, Kevin, do you know how many Indian health care people are on the Flathead Reservation?

Mr. HOWLETT. Senator, I do have that information, if you will hold on for just a second.

Senator, at Flathead there are only 12 positions in Indian health care.

Senator MELCHER. Twelve?

Mr. HOWLETT. Twelve. We have many of the programs contracted to the tribe under the Indian Self-Determination and Education Assistance Act (Public Law 93-638), but there are 12 full-time equivalents in Indian Health, and 3 of them are administrators.

Senator MELCHER. Well, there are 153 in the Billings area office. But I don't know how to relate this 12 versus that——

Mr. HOWLETT. You have to understand, Senator, I think——

Senator MELCHER [continuing]. With the contracting?

Mr. HOWLETT. Right, our reservation has no direct care facilities other than the five-chair dental operatory and the pharmacy, so all of our care is bought up by the private sector through contracts. So we have public——

Senator MELCHER. Your IHS people are dental then, are they not?

Mr. HOWLETT. They are dental and a couple of nurses and one mental health worker, and like I said, three administrators, et cetera.

Senator MELCHER. Do you have an alcoholic program on the Flathead that is not contracted but is run by IHS?

Mr. HOWLETT. It is run by the tribe, Senator.

Senator MELCHER. It is contracted by the tribe?

Mr. HOWLETT. From IHS to the tribe.

Senator MELCHER. You stated that correctly. Now, mental health programs, you have one, Mr. Howlett?

Mr. HOWLETT. We have one mental health worker, and the tribe supplements it with two staff under contract.

Senator MELCHER. What's a contract?

Mr. HOWLETT. It is a 638 contract from funds that are made available from pools of money in the area office.

Senator MELCHER. What is the contract for the alcohol program?

Mr. HOWLETT. $379,000.

Senator MELCHER. $379,000.

Mr. HOWLETT. With that, Senator, I might add, we run a real rough battle with the Indian Health Service to change the direction of alcohol programs.

Not to take a lot of time, but we felt pumping money into detox was not the most appropriate way, so with our program, we have come to look at the disease of alcoholism as truly a disease, and provide for a full continuum of care, including some prevention efforts.

We have put some money in the public schools aimed specifically at this. We had many long, long battles with the Indian Health Service to do this because there was apparently a reluctance to break the regime that was in place.

We have, contrary to their original beliefs, saved a lot of hospital money, and certainly got the community a whole lot more involved in the project, and will continue to do so.

Senator MELCHER. Well, the enrollment, you are not treating non-Indians up there in an alcohol program, are you?

Mr. HOWLETT. No, we are not.

Senator MELCHER. The enrollment is 5,600, is it not?

Mr. HOWLETT. Our tribal enrollment is about 6,200, and then there is an active service unit population of approximately 6,000.

Because of the regulations, the eligibility which remains a clouded issue, we have many people who do not have direct ties to the tribe that participate in the program because of the vagueness and the ambiguity in the regulations concerning eligibility.

Senator MELCHER. Well, I don't know what to expect, but you have the highest figure here by far of allocations for alcoholism of all the other reservations.

Mr. HOWLETT. Senator, I might add that that is only a portion of the program. The tribe has contributed some $110,000 worth of real estate that now houses a transitional living center.

In addition, we have made a cash contribution to the program of $50,000 this year. So our program is a half a million dollar program.

But it is aimed now more toward prevention than enabling and repeat. It is a serious problem.

Senator MELCHER. Except for Billings, your $400,000, just slightly over $400,000 is by far the largest of the allocations out of that $1.7 million.

I interrupted you; do you have something else?

Mr. HOWLETT. Yes, Senator, there are a couple of other issues. Our tribe had asked that you conduct an inquiry into what we preceive as some irregularities, or not adhering to Indian preference with regard to some employees this past year, and I am sure you have those letters on file.

And the inspector general, as I understand it, did conduct an inquiry and found them to have somehow manipulated their way into being legal.

The question that we have, Senator, specifically of the committee is that you followup that action and ask about the appropriateness of the grade, because that was never divulged in the report because the Government never asked for it. And it's my understanding that those positions are overgraded.

There were several other issues, Senator, and I will briefly go through those. We have some real concerns about the shortage of health care dollars for Indian people on the reservation.

As I already mentioned, the emergency-only situation because of the contract care regulations, and I would hope that the tenor of this hearing would give the area office instruction not to be sending people to China for cross-cultural studies. I think if people want to study cross cultural, they ought to try to learn something about Indian people.

But we also are concerned, Senator, about the fairness and the equity of the full contract care program, and would like some rational justification as to how they go about that process.

Because again, and this is not taking anything away from other reservations, but where you have direct care facilities, you have at least very direct access to medical care.

On our reservation, without that we are talking about emergency only, and many people do not get the care that they need if it's not fixed within the matrix of what they determine to be an emergency.

We have a real need out there. We have 50 percent of what we need. And we have not been provided at least in my opinion, an adequate, justified rationalization as to how they come up with that distribution formula.

And they have in fact in years past returned the money, and yet that need was still there. And that to us is real shameful.

And I guess the last thing, Senator——

Senator MELCHER. How do you contract out preventive health care?

Mr. HOWLETT. Preventive dollars, now, Senator, we have within the health department a nursing program, health education program, preventive types of services, and these are done with tribal staff people.

We would hope that under the——

Senator MELCHER. Is that contract staff? Do you know what it is, by the way?

Mr. HOWLETT. I have those figures, and I will provide those.

Senator MELCHER. I wish you would. And is it satisfactory?

Mr. HOWLETT. No, it is not.

Senator MELCHER. It is not?

Mr. HOWLETT. I wouldn't say that the dollars are not totally satisfactory. What we have again, Senator, is a problem with some people in the area offices' interpretation of the need to do preventive things.

And if we could take some of that money that now we are spending in trying to reschedule problems that we are never going to get to the bottom of and put some into prevention, I think we could go a long ways towards spreading those dollars a whole lot further.

Senator MELCHER. For the record, your specific suggestions on those points.

Mr. HOWLETT. I think that we need to begin to do some early intervention with all of the disease categories. I think we need to take a real serious look at the whole issue of accidents and accident prevention.

I believe that we need to have a whole lot of emphasis placed on young people and the things that young people do that keep them healthy.

Whether it is diet or whether it is recreation or whatever, there needs to be some real critical examination of that. And I say this not off the top of my head, because 50 percent of our population is under 19 years of age.

And we only have 50 percent of what we need now, and by far the biggest consumers are people in the 24- to 33-year-age bracket. Then in a couple of years, we are not just going to have a budget problem, we are going to have a real serious problem on our hands if we don't do something and gear it toward youth and some youth emphasis in our health programs, maternal-child health and all these things.

And we are trying with the limited dollars we have got.

Senator MELCHER. OK.

Mr. HOWLETT. The last thing I would like to comment on, is the whole, in my opinion, disregard of the area office when it comes to understanding that tribes are governments, and that tribes do have compassion and concern, a committment.

And I think we would like to be viewed as equal partners. I don't think we would like to be viewed as stumbling blocks or obstacles to their layers of bureaucracy. Thank you for your time.

Senator MELCHER. Thank you very much.

Do you have something, Joe?

Mr. FELSMAN. Yes, Senator, I might add that there has been talk of tribal participation in a lot of decisions that are made in the area health office.

The tribes as a group were invited out here to participate, I think it was about 2½ year ago, when Dr. Rhoades invited all of the tribal chairmen and other tribal officials from the Billings area to a meeting in Billings to help select a new area health director.

Now, out of about, I guess three or four people that were up for selection, the one person who was actually the person that was unanimous decision that we did not want was Jim Danielson, and Dr. Rhoades completely ignored our input, and you know who we got.

So it was just a window dressing exercise that put us through a lot of expense that was not necessary.

Senator MELCHER. Well, there is no formal arrangement whatsoever for a discussion with the area office of mutual problems?

Mr. FELSMAN. Very little.

Senator MELCHER. Is there any? Is there a formal arrangement between Salish and Kootenai and this area office?

Mr. FELSMAN. There is nothing formal that I am aware of.

Senator MELCHER. Once a year even?

Mr. HOWLETT. Mr. Danielson has expressed an interest in that, but I think that that was a result of some incumbent pressures that he may have been feeling from other sources, but there is——

Senator MELCHER. Listen, this is a straightforward record. What are you saying?

Mr. HOWLETT. I am saying that some heat was being put on him to get out there and talk to the tribes.

Senator MELCHER. From where?

Mr. HOWLETT. I don't know where the heat came from.

Senator MELCHER. Mr. Danielson has been here 2 years now?

Mr. HOWLETT. Yes.

Senator MELCHER. There has been no formal arrangement made for consultation for what you perceive as the problem?

Mr. HOWLETT. Senator, there is no opportunity for formal arrangement when you don't recognize that the tribe is an entity that you must deal with and you must deal with in an open and up front manner.

And I am saying that that does not exist, at least with our tribe in this area office.

Senator MELCHER. Well, you are director of the community health services and council. Who signs those contracts?

Mr. HOWLETT. Tribal chairmen.

Senator MELCHER. Joe, is there any consultation? I guess that's what I am asking.

Mr. HOWLETT. We go through a negotiation.

Senator MELCHER. How do you do it, by letter?

Mr. HOWLETT. No. We come into the area office, and it is pretty much cut and dried when we get here.

Senator MELCHER. Does that allow some give and take between what is going on up there?

Mr. FELSMAN. It depends on who is taking and who is giving.

Senator MELCHER. I shouldn't ask these kind of questions. We will see if we can't improve on that.

Anything else, Joe?

Mr. FELSMAN. No, sir.

Senator MELCHER. Thank you very much. I appreciate your coming down. I know how far it is because I drove the same distance as you have from last Saturday. I split my journey up.

Jim Kennedy and Tom Tailfeathers from the Blackfeet.

Mr. KENNEDY. Senator Melcher, I have with me Myrna Galbraith who is the secretary of the tribe.

Senator MELCHER. All right.

STATEMENT OF JIM KENNEDY, HEALTH DIRECTOR, BLACKFEET TRIBAL HEALTH DEPARTMENT, BROWNING, MT: ACCOMPANIED BY TOM TAILFEATHERS, COUNCILMAN AND CHAIRMAN, HEALTH EDUCATION AND SOCIAL SERVICES COMMITTEE, BLACKFEET RESERVATION, BROWNING, MT; AND MYNRA GALBRAITH, TRIBE SECRETARY

Mr. KENNEDY. I will summarize my speech, my testimony. It's basically on the staffing within the Blackfeet service unit.

I would like to refer to a document called the "Program Information Document" which was used to determine the new hospital in Browning, and have laid out planning criteria, staffing criteria.

And I guess the basic problem we have is with staffing. We originally were approved for 117 positions. We recently cut back to 41 positions when it finally came down to funding. This creates many problems.

Senator MELCHER. How many positions?

Mr. KENNEDY. Forty-one. All it will allow us to do is to provide the same services that we are providing at the present time, and we have space in a new facility for preventive health services, and this has been totally left out of the budget, and the lack of 76 positions that were eliminated from the "Program Information Document."

And to further complicate this thing about staffing, the area director, and I have it in my testimony there, had attended a meeting with the Blackfeet Tribal Business Council and informed them that IHS was intending to establish a surgery program.

The surgery program would take an additional 9 positions over and above the 41, and to further complicate that even more, in doing some research around the local hospital, I spent a great deal of time nosing around in and out of the corridors.

The hospital is expected, or the Blackfeet service unit is expected to take another four position cut coming down. I guess the entire area, area-wide has to take a 16 position cut, and 4 of them are going to be coming from Browning.

I guess the basic problem that we are talking about here is at one time, or all along, we have intended at some point in time to look at operating that hospital ourselves as a community base hospital.

And with these reductions in staffing and the types of things that are happening that we feel have kind of been kept like top secret and which we were not informed of what was going on and which we feel we should be working in a cooperative effort with IHS, we are not getting information.

So therefore in the future we are going to be totally unable to operate the facility. I mean we are trying to gear all our plans in this direction.

[The prepared statement of Mr. Kennedy, with attachments, on behalf of the Blackfeet Tribal Business Council, follows:]

PREPARED STATEMENT OF JIM KENNEDY, HEALTH DIRECTOR, BLACKFEET HEALTH DEPARTMENT, BROWNING, MT

Honorable Senator Melcher, my name is Jim Kennedy, Health Director for the Blackfeet Tribe, and with me are members of the Blackfeet Tribal Business Council.

The Blackfeet Tribal Business Council is thankful to you and the committee for the concern that has been displayed concerning the health needs of the American Indian people.

The primary emphasis of our testimony will be centered around staffing problems that have occurred, and the proposed staffing for the Blackfeet Service Unit for Fiscal Year 1986.

The Blackfeet Tribe is grateful with the past help of this committee in obtaining the new Blackfeet Community Hospital. On May 22, 1981, the Indian Health Service, with assistance from the Blackfeet Tribe, completed a Program Information Document (PID) describing the new hospital, and funding was approved by Congress to construct the hospital at Browning, Montana. The PID contains planning information, such as space requirements, functional relationships, staffing justifications, and a staffing summary. On pages 18 and 19 of the PID the staffing summary is listed, as justified by the application of the Indian Health Service Resource Allocation Criteria (RAC). The staffing summary lists an additional 117.5 positions to operate the hospital properly. However, only 57 new positions were identified to open the hospital. This request was further reduced to only 41 positions by the Reagan Administration.

This reduction in planned staffing creates many problems in that the space and equipment have been provided to meet the Blackfeet Indian population health needs, but the needed staff to operate it in an efficient and effective manner has not been provided. The Optometry and Physical Therapy Departments will not be staffed with the presently planned additional positions. Nor, will there be additional staffing for Dental, Community Health Nursing, Environmental Health, and other preventative services. This places an unwarranted burden on an already over-worked hospital staff. The 41 positions will not allow for any program expansion but will minimally staff existing services at the present level in the new hospital facility.

On November 1, 1984, a meeting was held between the Blackfeet Tribal Business Council and the Director, Billings Area Indian Service, who indicated that Indian Health Service (IHS) intends to improve the medical services for the Blackfeet people by including a direct surgery service, rather than relying on more expensive contract surgical services at facilities some considerable distance from the reservation. This is unrealistic, because it will take more funds than budgeted for the IHS Hospital in Browning to adequately operate a surgery program and meet the other identified needs of the Blackfeet population.

The IHS formed a committee of health professionals to assess and make recommendations concerning the minimum staffing provided by the Public Health Service with and without a surgery program. On March 7, 1985, their alternatives were discussed at length with the Tribal Business Council. Personnel from IHS indicated that they are hoping to provide surgery service by utilizing four (4) of the 41 positions identified for the Browning Hospital in Fiscal Year 1986, and five (5) positions relocated from other health facilities within the Billings Area. The surgery team would initially have a two surgeon, two anesthetist surgery team core with support of five auxiliary team members; composed of four operating-room and recovery-room nurses; and a housekeeper to provide coverage for emergency trauma, acute surgical crises, cesarean section, and scheduled elective procedures.

We prefer a direct surgical service at Browning, provided by IHS personnel because a surgical referral system is both risky and excessively expensive. The Tribal Business Council was assured that IHS would not compromise their ability to provide quality health care for the Blackfeet people. The Tribe agrees, surgery is a needed service; however, if a surgery program is established, staffing above the 41 positions identified by the Public Health Service is needed.

A total of 50 positions would allow the opening of the hospital with a surgery program without creating hardships for other Indian tribes caused by a transfer of positions. Several members of the Blackfeet Tribal Business Council have indicated that the Tribe is very seriously considering operating the hospital by a Public Law 93-638 contract after it is completed and operating. However, with inadequate staffing the Tribe would not attempt to manage the health programs.

Other problems that occurred that we have notified your office about has been that of detailing a physician and a permanent clinical nurse to the Billings Area Office. In January 1985, at the time of this action, problems were created, due to the importance of their positions. Also, it was recently brought to the Tribe's attention that the Billings Area has to absorb a reduction of 16 positions area wide, four of these positions from the Blackfeet Service Unit.

As you know, each service unit in this area is operating with a less than adequate staff. Attached, you will find a listing of the area office personnel for two (2) different time periods. As of March 5, 1984,, 115 employees were employed at the Area Office level. On August 8, 1984, this number was increased to 130 employees. On January 29, 1985, representatives from our office attended a meeting with Mr. Danielson and the Area Office staff to discuss budgets. The number of Area Office employees was increased once again to 152 positions. This total of 152 does not include any details or reassignments of duties of personnel that has been pulled in from the Service Unit.

This type of action has to be seriously questioned in that the Blackfeet Tribe feels this is not in the best interest of the health care of Indian people. In order to adequately address the health

problems locally, staffing is the main ingredient. In manipulating the established position ceiling for the Billings Area, the Area Director and his staff have abolished positions at the local level to accommodate expansion in the Area Office. These types of positions are the ones that could be filled by local people, such as maintenance mechanic, clinic secretary, and various other support staff. Employment on this nature would greatly improve the quality of health care being delivered, and would also assist in our economically deprived community.

Attached, for your information, is the schedule of staffing requirements justified by the Indian Health Service in the PID of May 22, 1981. You will note our request is for an additional staff of 87 versus the 117.5 identified. Again, I thank you for your help in obtaining the hospital now under construction and your consideration in providing the medical staff needed to operate it.

	SECTIONS	CURRENT POSITIONS	ADDITIONAL REQUIRED	TOTAL REQUIRED
11.0	Acute Care Nursing	18	12.5	30.5
12.0	Nursery	Staffed from OB		
14.0	Delivery	Staffed from OB		
21.0	Laboratory/Pathology	4	4	8
22.0	Radiology	2	1.2	3.2
31.0	Emergency	Staffed from OPD		
32.0	Outpatient Department	14	12	26
33.0	Community Health Department	12	23.5	35.5
34.0	Dental Clinic	8	7	15
35.0	Pharmacy	3	8	11
36.0	Physical Therapy	-	3	3
41.0	Administrative Services	9	6	15
42.0	Health Records	6	4	10
43.0	Employee Facilities	No staffed required		
44.0	Consulting/Training	No staffed required		
45.0	Public Facilities	No staffed required		
51.0	Central Sterile & Reprocessing	-	2	2
52.0	Central Stores	3	3	6
53.0	Dietetics Services	6	4	10
54.0	Housekeeping & Linen	6	9.5	15.5
55.0	Maintenance	6	17.8	23.8
56.0	Building Services	No staff required		
	TOTAL	97	117.5	214.5

FY85

POSITION ADJUSTMENTS

BLACKFEET - NONE

CROW - 1. SERVICE UNIT CONVERTED SOC WKR TO 1
2. AREA PULLED VACATED POSITION
3. POSITION RETURNED TO KOBYS
4. NO NET CHANGE

FORT BELKNAP - 1. ADDED 1 POSITION FOR I-AB RATHER THAN MED OFCR

FORT PECK - NONE

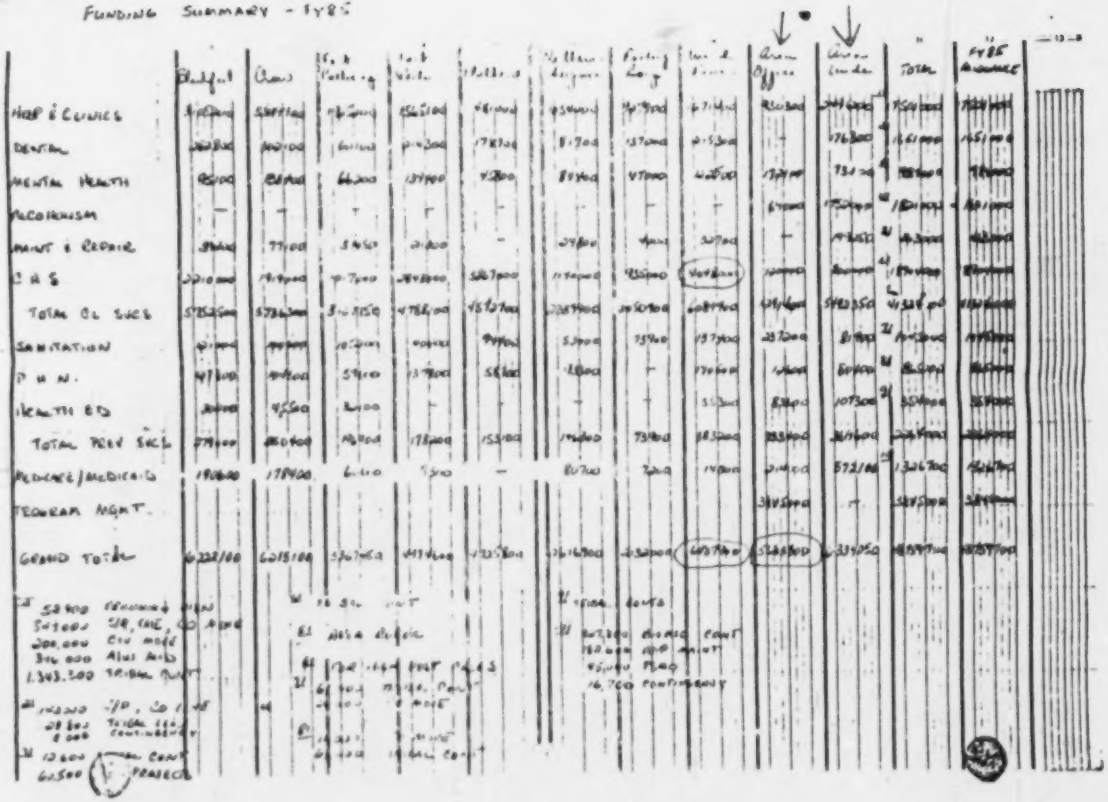
HARDIN AREA - 1 NO NET CHANGE
2 MOVED SOC WKR FROM 01 TO 21

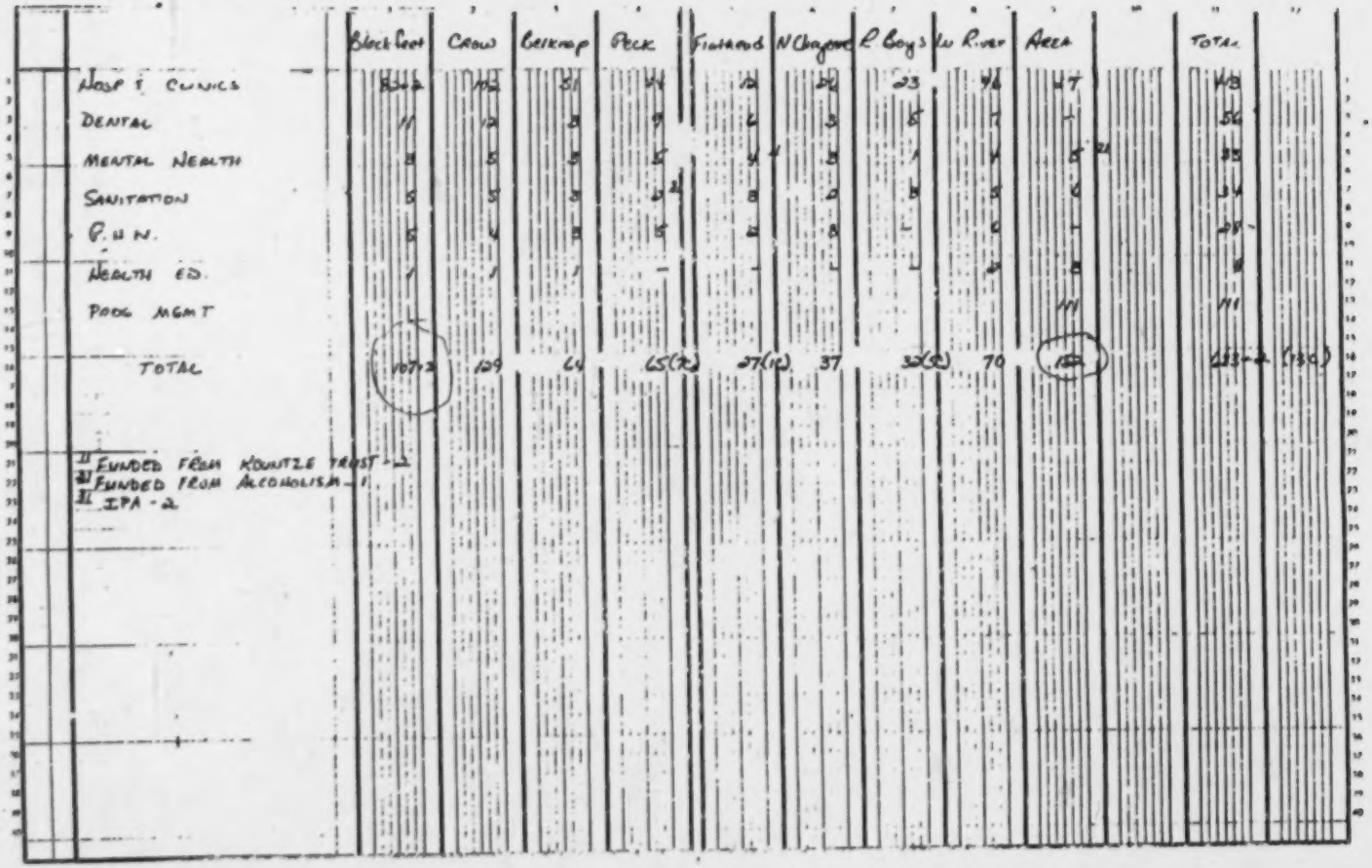
KOOTENAI - 1 PULLED 1 HEALTH REP POSITION VICE - SMITH
2 PULLED 1 N.E POSITION - VACANT

ROSEBUD - 1. PULLED 2 IL NURSE POSITIONS CURRENTLY FUNDED UNDER CONTRACT

WIND RIVER - 1. MOVED NAUGLE FROM 01 TO 03
2. PULLED 01 POSITION
3. ADDED AN 03 POSITION FOR SOC WKR AT ARAPAHOE

FUNDING SUMMARY - FY85




Block Cook
Crow
Eklutna
Peck
Tyonek
N Chugach
P Boys
Lw River
Area
TOTAL
HOSP & CLINICS
DENTAL
MENTAL HEALTH
SANITATION
P.H.N.
HEALTH ED.
POOL MGMT
TOTAL
107+2
129
64
65(2)
27(1)
37
35(2)
70
1 FUNDED FROM KOUNTZE TRUST - 2
2 FUNDED FROM ALCOHOLISM - 1
1 IPA - 2

Mr. KENNEDY. OK, enough about that. A while back I had sent a letter to your office concerning a transfer of a Dr. Kileen and his wife to the area office.

Dr. Kileen is a very qualified man. He has a degree in three or four different fields, and one of them happened to be computer science.

And I have no problems with Dr. Kileen being transferred to the area office because we had received a temporary physician on this Physician USA.

However, the transfer of his wife, who happened to be our registered nurse at the service unit, she was pulled off the clinic and was given a job in the area office as a secretarial-type of thing.

Recently she has taken a job at Billings hospital here, and they turned around and abolished the position.

At the time this had created a lot of turmoil in that we had a vacant position in the middle of winter. We couldn't fill this position because they gave the service unit director authorization to fill it with a temporary.

That means that we could not recruit or we did not have funds to move an registered nurse during the middle of winter. And of course you know how our winters are.

And then with that, that pretty much covers everything, other than I have one other thing is the tribal involvement on these, like the computers and these types of things.

I think a lot of these problems could be solved if we were able to sit down and at least discuss the issue beforehand instead of waiting until the 11th hour before we make the decision.

Senator MELCHER. Do you have computers up there?

Mr. KENNEDY. Yes, we do.

Senator MELCHER. Are they hooked up?

Mr. KENNEDY. The one in the contract medical care is hooked up, yes.

Senator MELCHER. How many others are there?

Mr. KENNEDY. To be honest with you, sir, I don't know.

Senator MELCHER. Do you think there are three or four others or half a dozen others?

Mr. KENNEDY. There is a possibility there would be maybe two more, just from hanging around. I would have to look. They have work stations scattered throughout the building.

Senator MELCHER. Well, you mentioned Dr. Kileen, and I am assuming that Dr. Kileen is also, besides his other degrees and other specialties, he is a physician; is that correct?

Mr. KENNEDY. Yes, very good physician.

Senator MELCHER. Did he want to move?

Mr. KENNEDY. Apparently he did want to move.

Senator MELCHER. Now, on the case of whether his wife should go with him or not, I think obviously his wife is going to go with him, so if he moves down here, obviously his wife is going to move down here. I would assume that would be the case.

And so the only point I think you are making is that you think a position was created for her?

Mr. KENNEDY. Yes, absolutely, but I probably should elaborate a little bit more on the thing that had happened.

It gets quite involved in that there were two temporary positions that were in Browning that weren't filled, and the one position was a maintenance engineer, and the other was a clinic secretary, who would more or less control the flow during the clinic hours which I feel is a much needed position and it is a position that could have been filled by local people.

And the other point is that some of these positions that were being shifted around are positions that could have been filled by local people on not only the Blackfeet Reservation but every reservation in which there is a high unemployment rate.

Senator MELCHER. Well, I am not questioning the validity of your comments. I suspect it has already been taken care of, but apparently as far as you know and as far as I know, Dr. Kileen is very willing to come to Billings.

And so it isn't comparable at all to the other problems we looked at with personnel concerning Dr. Chang.

You seem to know what happened to Mrs. Kileen. You think she no longer is working for IHS?

Mr. KENNEDY. I know that she is not working for them. They have abolished the position.

Senator MELCHER. So for a matter of months she was employed in what appears to be a special circumstance?

Mr. KENNEDY. Yes, but the main point I would like to call your attention to, regardless of creating a position in the area office because of the wife, it created a hardship at the local service unit for services being delivered. And she was the head clinical nurse.

Senator MELCHER. Was there anybody to replace her?

Mr. KENNEDY. No. We had nobody to refill her position, and that created a lot of overtime and a burnout that I have heard one lady doctor mention to you.

Senator MELCHER. In other words, you think they should have attempted to keep Mrs. Kileen there until she could have been replaced by somebody that was qualified as much as she was?

Mr. KENNEDY. I think she should have been allowed to leave, but I think we should have been able to retain that permanent position.

Senator MELCHER. You mean the position is gone?

Mr. KENNEDY. The position has been terminated, and it is abolished, and the other crazy thing about it was the advertising of the position. You know, we have a lot of qualified——

Senator MELCHER. Now, wait a minute. Don't get ahead of me. I am trying to keep up with you.

Mr. KENNEDY. All right.

Senator MELCHER. Mrs. Kileen was a surgical nurse, head surgical nurse?

Mr. KENNEDY. Not head surgical nurse; head clinical nurse.

Senator MELCHER. At Browning?

Mr. KENNEDY. Yes.

Senator MELCHER. When she left, was that position abolished?

Mr. KENNEDY. When she left, they gave us the right to fill it on a temporary position, and that was due to pressure coming in from your office or the Attorney General's Office.

Senator MELCHER. Was that only temporary?

Mr. KENNEDY. It was temporary, yes.

Senator MELCHER. You mean that position is not permanent?

Mr. KENNEDY. It is now after they have abolished a couple positions, and I guess——

Senator MELCHER. You mean since she has left a couple of positions have been abolished?

Mr. KENNEDY. Yes.

Senator MELCHER. That was temporarily abolished?

Mr. KENNEDY. Yes.

Senator MELCHER. Then reinstated?

Mr. KENNEDY. Yes.

Senator MELCHER. And when it was reinstated they abolished a couple more?

Mr. KENNEDY. Yes.

Senator MELCHER. But in the meantime, there was a spot down here?

Mr. KENNEDY. Yes.

Senator MELCHER. That is disgusting.

Mr. KENNEDY. One other point I might make on that is at the time this had happened, we had also had qualified Indian nurses, and this position wasn't advertised, or I don't know what the circumstances were, but I am sure that if they had a special type of position in an area office that Indian people should always at least be given the opportunity to apply for the job, if they do not get it.

Senator MELCHER. Anything else?

Mr. KENNEDY. One more point.

Senator MELCHER. OK.

Mr. KENNEDY. I feel that the tribe, the chairman from Flathead had mentioned about Dr. Rhoades sending his representative out here to discuss the selection of the area director, and I happened to be sitting in on that meeting.

To further emphasize his point that Mr. Danielson was the only unanimous choice for rejection on that thing where three other people were selected.

But not only do I feel that the area director's job is such a key position in the Health Service, but the chief medical officer also should have input from the tribes, because this individual is making key decisions on health care of Indian people.

And I realize that you have said that the area director, Mr. Danielson, has sole responsibility for listening to people, and I guess we would like to have somebody that we can talk to and relate to about problems that arise.

And the last, final thing that I was contacted on the way down here, I don't have it in my testimony, but I would just like to briefly mention it, is the Indian veterans, they are asking for some type of cooperative agreement between IHS and the Veterans' Administration to where they could establish a referral system or eliminate redtape from receiving services.

Now, I don't know if this is a new comment, or if you have not heard it before, but a lot of our Indian veterans are being turned away from the contract medical care and being referred into the Veterans' Administration.

And Mrs. Galbraith has a comment here, too.

Senator MELCHER. I have heard of this problem. We haven't done anything about it, and maybe we should be doing something about it, Indian veterans and the IHS.

Maybe we have been a little bit slow on the upbeat on that. We will try to consult with both the VA and IHS and see whether we can get a little better interaction between the two.

Yes, please, go head, Myrna.

Mrs. GALBRAITH. Senator Melcher, my name is Myrna Galbraith, and I am the first term council person. My problem is on the A/E that was chosen for the 26 houses that are going to be built for IHS at Blackfeet.

Just a small, short background on how this was done, we were called down to the Billings area office, and we were all new on the council. The Blackfeet have eight new members to one old member.

We were lobbied for a company called Eagle 2000. So when we came to Billings to deal with the politics and try to do the right thing, Blackfeet asked IHS to go on a rate system on these A/E's, which was done.

When we came back, they had that Eagle 2000 from Pierre, SD, who was IHS's choice and quite far above Jack Myers, who is also an A/E and an enrolled member of the Blackfeet Tribe.

And we have been having problems with this A/E firm, and up to just about a week ago, I was able to run down a contract. It is an agreement, architectural agreement, with the IHS projects.

And there are several discrepancies between this contract and what is considered normal for the profession. One of the most serious is the last page on one, additional fees, section E, limits the architect liability to $50,000.

This totally is irresponsible. The only benefit of this clause is to have the architect on the cost of his own insurance. It's like buying a brandnew car with absolutely no warranty or guaranty.

The total basic fee of $132,260 appears to be based on a charge of 6 percent of total construction cost of $12.4 million dollars. Two problems with this is, one, with this size of a project, a proper percentage would be about 5.1 percent. I can't say how the construction cost, all the basis for the architect's fee, can be $2.4 million. That is almost $100,000 per unit. Part of the $2.4 million must be administrative costs which can't be used for computing the architect's fee. Instead of $100,000 per unit prototype cost for four-bedroom in Browning now is $54,550. An average per unit size cost for undeveloped site, including water, sewer, streets, walls, landscaping is about $15,000 per unit for a total of $70,000. In other words, a more appropriate basic service fee for a 26-unit project in Browning would be $95,000 instead of $140,000.

The present billing for schematic design phase shown as 40 percent of the total contract. The health standard is billed at 30 percent upon approval of this schematic design.

To add to the confusion——

Senator MELCHER. Myrna, I am going to interrupt you now. All this direction came out of Denver, did it not? You are reading from documents of decisions made that you find are inadequate. Aren't they out of Denver?

Mrs. GALBRAITH. No, they are not.

Senator MELCHER. Where are they out of?

Mrs. GALBRAITH. I contacted another guy that knows more than I do about A/E's. Although I am familiar with A/E contract, I didn't feel that it was presented to Blackfeet in the right——

Senator MELCHER. Well, the point I'm making is, it has nothing to do with the area office of IHS, does it?

Mrs. GALBRAITH. Well, yes and no, because we asked about it. The area office never even had this contract.

Mr. KENNEDY. May I interject one comment, sir? What she's referring to is the housing project for the new hospital that's being built.

Senator MELCHER. Yes.

Mr. KENNEDY. And at that time a contract hadn't been let.

Senator MELCHER. Myrna, do you know where this contract was prepared?

Mrs. GALBRAITH. Where it is prepared?

Senator MELCHER. Yes.

Mrs. GALBRAITH. In Billings—in Washington, I mean it has to be signed in Washington. Is that what you mean?

Senator MELCHER. Yes. It's coming through HUD and IHS is more of a bystander than an active participant; isn't that correct?

Mrs. GALBRAITH. I don't believe it is. It's an IHS contract.

Senator MELCHER. All right, please proceed, but you have described this already to my staff.

Mrs. GALBRAITH. To your staff?

Senator MELCHER. Yes.

Mrs. GALBRAITH. I haven't talked to anybody from your staff.

Senator MELCHER. Well, we are under the impression you have already gone through this with Ginny Boylan.

Mrs. GALBRAITH. No. Not on IHS housing.

Senator MELCHER. OK, please proceed. But get it concise. I am rather serious about the time that is running out on me, and while I can look through the record and we can make it all part of the record, I can't stay here much longer.

Mrs. GALBRAITH. OK, I will. All I'm saying, to sum this up, is that the tribe has been approached 3 or 4 weeks ago for $30,000 from the tribe and $15,000 from IHS to do the schematics on a portion of it.

We told them no. OK, they apparently went ahead and did it. And then about 3 or 4 weeks ago, they come back and say they want $50,000 from the tribe, and if we didn't have it, to borrow it, and when they did the construction phase that we would reimburse the tribe.

Again we said no. Then I was told if we didn't do it, then the construction part of it would be carried onto like 120 days, which we couldn't afford because of our short construction period of weather up there.

OK, Mr. Longen, I don't know how it got to Mr. Longen, but about 1 week ago he called me from Billings.

He informed me not to worry about it, and I didn't have to deal with 2000 again, that he would see to it that everything fell in place and they would do their work on it.

About 3 or 4 weeks ago, the Billings Area Office told me they had a contract that they would walk to the Blackfeet then on up

the ladder and back, and we could start construction the first part of June.

None of this has been done. And I guess I'm just concerned about it because of our construction season.

Senator MELCHER. Well, we are confused.

Mrs. GALBRAITH. Well, don't get it confused with the——

Senator MELCHER. Apparently, you have been presenting two sets of problems on housing to us.

Mrs. GALBRAITH. I have. I'm on the housing authority, also, but this has nothing to do with that.

Senator MELCHER. And you did not discuss that with Ginny Boylan or Max Richtman or anyone?

Mrs. GALBRAITH. Not this one. I was just able to get my answers on this contract like about 2 or 3 weeks ago.

Mr. KENNEDY. I guess the bottom line, sir, is to really get the contract released so construction can begin on the housing.

Senator MELCHER. I'm going to end this confusion now. About 2 or 3 weeks ago we were consulted, we thought, by you. Now, maybe that was something else.

Mrs. GALBRAITH. On housing but not on IHS. See, we have got an IHS housing project that goes with our hospital. This is what this is.

What I was talking to you about is the Blackfeet Indian Housing Authority which is completely different.

Senator MELCHER. OK. We will take note of it. There isn't much time between now and June 1.

Mrs. GALBRAITH. June 15, I am given.

Senator MELCHER. We will see what can be done, because the construction season is short. We will try to act expeditiously on it, because that will not give much leeway there in time for the construction, if it isn't started by the June 15.

Mrs. GALBRAITH. If we can just get the contract signed.

Senator MELCHER. Thank you very much.

Now we will hear from Rocky Stump and Clarice Monteau and Joe Rosette from the Rocky Boy's Reservation.

Mr. STUMP. Senator, what I have here is some testimony of the Chippewa Cree Tribe. I would like to present a copy.

Senator MELCHER. Good.

STATEMENT OF ROCKY STUMP, CHAIRMAN, CHIPPEWA CREE TRIBE, ROCKY BOY'S RESERVATION, BOX ELDER, MT, ACCOMPANIED BY CLARICE MONTEAU, DIRECTOR, ROCKY BOY HEALTH BOARD; AND JIM ROSETTE, VICE CHAIRMAN, CHIPPEWA CREE TRIBE

Mr. STUMP. First, Senator, I would like to thank you for allowing us to present testimony on behalf of Chippewa Cree Tribe. I have here with me Clarice Monteau, our health board director; Richard Sangrey, member of the health board, and also a member of the tribal council; and Joe Rosette, health board member and also a member of the tribal council.

I know your time is limited, so if I may, I would like to go ahead with the testimony.

Senator MELCHER. All right, please do.

Mr. STUMP. Providing adequate health care is part of the trust responsibility which the United States has toward native Americans. The situation of native Americans with regard to general health, life expectancy, and infant mortality remains the worst in the Nation. Considerable improvement in addressing such problems has been made by the Indian Health Service and we applaud their efforts, nevertheless serious problems do remain. We shall address two areas: gaps in health care currently provided by IHS and specific problems we have encountered in dealing with James Danielson, area director, Indian Health Service, Billings area office.

Funding for escort services provided by the Indian Health Service are chronically in short supply. We have 70 percent unemployment rate on the Rocky Boy's Reservation. Most tribal members cannot afford to pay the cost of travel when referred to another medical facility by IHS staff on the reservation.

Providing such escort services is clearly the responsibility of IHS in meeting health care needs. It is our conviction that this area should be closely examined and adequate funding obtained to meet transportation needs for all referall cases.

Another crucial problem relates to obtaining second opinions from non-IHS physicians. We have had a number of instances on the Rocky Boy's Reservation where tribal members took their sick children to the IHS clinic, had them treated without significant result, and subsequently took them to Havre for medical treatment.

In several cases children were diagnosed as seriously ill and admitted to Northern Montana Hospital. In cases such as these involving second opinions from non-IHS physicians, the parents had to assume the medical costs since IHS refuses to pay medical bills incurred through non-IHS treatment.

This policy carries with it the tacit assumption that IHS physicians are inherently correct in their diagnosis and treatment and that concerned parents who question their ability must suffer the penalty of having to pay for non-IHS medical services.

We believe this to be a highly dangerous situation which could well result in serious medical repercussions, if not death, for anyone unfortunate enough to suffer a wrong diagnosis at the hands of the Indian Health Service.

Most tribal members cannot afford to pay the cost of second medical opinions from private physicians.

We adamantly believe that adequate health care is the right of each and every tribal member, irregardless of income and ability to meet medical costs. We urge that this issue be examined closely and that definitive steps be taken to pay the cost for second medical opinions and subsequent treatment.

Currently there are 25 Canadian Indians married to enrolled members of the Chippewa Cree Tribe and residing on the Rocky Boy's Reservation. For the past several years the Chippewa Cree Business Committee has attempted to get these individuals eligible for Indian Health Service medical services.

Most tribal members cannot afford the cost of private health care for themselves or their families. Frequently they are forced to borrow money or request a tribal donation to meet medical expenses for their Canadian spouses.

After considerable correspondence, the tribe received a clarification from Dr. Robert Graham of the Indian Health Service, Rockville, MD, to the effect that IHS can provide services only to members of federally recognized Indian tribes. Since Canadian Indians are not federally recognized and cannot be enrolled as members of the Chippewa Cree Tribe, all Canadian spouses are excluded from receiving IHS services with the result that few receive adequate health care.

Those that do frequently incur considerable medical expenses that represent a serious financial burden for their families. We strongly believe that Canadian Indians married to enrolled members of the Chippewa Cree Tribe and residing on the Rocky Boy's Reservation should be eligible for all IHS services. We urge that legislation be introduced to remedy this situation, thereby providing adequate health for all family members.

Neither Medicaid nor the Indian Health Service will pay the cost for therapy for handicapped persons. This represents a serious omission in health care that frequently results in handicapped persons receiving no therapy at all due to the high cost of such medical services. We believe that all handicapped individuals should receive needed therapy and urge that provisions be made to provide such services.

Having dealt with our major concerns regarding the Indian Health Service, we would now like to address some of the problems the Chippewa Cree Tribe has encountered in dealing with James Danielson, area director, Indian Health Service, Billings area office.

Public Law 93-638 entitles tribes to contract programs through the Indian Health Service. On September 5, 1984, the Chippewa Cree Tribal Business Committee passed a resolution authorizing the Rocky Boy Health Board to contract night care nursing and the mental health social services programs.

The area director subsequently refused to allow the tribe to contract these programs, issuing a private contract to non-Indians to provide these services. We feel this action was illegal and in direct opposition to Public Law 93-638.

In another case, the area director informed us that IHS would assist in paying hospital bills for two minor foster girls who were not Medicaid eligible. Despite his promise, nothing was ever done. The Chippewa Cree Indian Child Welfare Program still has the hospital bills which were never paid.

In yet another instance the Indian Health Service assured the business committee they would provide funds to hire registered nurses at the Rocky Boy Clinic and that these positions would be maintained. We are now being told that one registered nurse will be removed and that possibly a physician will be taken away as well.

Finally, we wish to protest the area director sending Margene Tower, IHS mental health specialist, to China to survey mental health facilities there. In addition we seriously question the hiring

of additional staff at the Billings area office. It is our contention that funding used to send Ms. Tower to China and hire additional staff would be far better spent at the tribal level.

That is my testimony, Senator.

[Mr. Stump submitted material regarding funding activity for positions as of May 11, 1985:]

POSITION CONTROL LISTING AS OF MAY 11, 1985

FUNDING ACTIVITY------		01	02	03	21	22	23	40	43	X	TOTAL	LA
BLACKFEET (01)	FILLED	82	11	03	05	05	01	00	00	00	107	02
	VACANT	02	00	00	00	00	00	00	00	00	02	00
	TEMPORARY	03	00	00	00	00	00	00	00	01	04	00
	TOTAL	87	11	03	05	05	01	00	00	01	113	02
CROW (02)	FILLED	96	12	04	04	04	01	00	00	00	121	00
(Includes	VACANT	06	00	00	01	00	00	00	00	00	07	00
Lodge	TEMPORARY	04	00	00	00	00	00	00	00	01	05	00
Grass)	TOTAL	106	12	04	05	04	01	00	00	01	133	00
FORT BELKNAP	FILLED	46	03	02	03	03	01	00	00	00	58	00
(03)	VACANT	04	00	01	00	00	00	00	00	00	05	00
	TEMPORARY	02	00	00	00	00	00	00	00	00	02	00
	TOTAL	52	03	03	03	03	01	00	00	00	65	00
FORT PECK (04)	FILLED	41	09	04	00	05	00	00	00	00	59	00
(Includes	VACANT	03	00	01	00	00	00	00	00	00	04	00
Wolf Point)	IPA	00	00	00	02	00	00	00	00	00	02	00
	TEMPORARY	00	00	00	00	00	00	00	00	00	00	00
	TOTAL	44	09	05	02	05	00	00	00	00	65	00
	CONTRACTED	03	00	00	03	00	01	00	00	00	07	00
FLATHEAD (05)	FILLED	12	09	01	03	02	00	00	00	02	29	00
	VACANT	00	01	01	00	00	00	00	00	00	02	00
	TEMPORARY	00	00	00	01	00	00	00	00	01	02	00
	TOTAL	12	09	02	04	02	00	00	00	03	29	00
	CONTRACTED	00	00	00	00	00	01	00	00	00	01	00
NORTHERN	FILLED	24	03	03	02	03	00	00	00	00	35	00
CHEYENNE (06)	VACANT	02	00	00	00	00	00	00	00	00	02	00
	TEMPORARY	02	00	00	00	00	00	00	00	01	03	00
	TOTAL	28	03	03	02	03	00	00	00	01	40	00
ROCKY BOY (07)	FILLED	25	03	01	03	00	00	00	00	00	29	00
	VACANT	03	00	00	00	00	00	00	00	00	03	00
	TEMPORARY	01	00	00	00	00	00	00	00	00	01	00
	TOTAL	29	03	01	03	00	00	00	00	00	33	00
	CONTRACTED	01	00	01	00	02	01	00	00	00	05	00
FT. PECK (08)	FILLED	46	01	02	05	06	02	00	00	00	62	00
(Includes	VACANT	02	00	01	00	00	00	00	00	00	03	00
Fraleigh)	TEMPORARY	00	00	00	00	00	00	00	00	00	00	00
	TOTAL	48	01	03	05	06	02	00	00	00	65	00
BIA (09)	FILLED	15	00	04	04	00	03	95	00	00	121	00
	VACANT	03	00	02	02	00	03	18	00	00	28	00
	TEMPORARY	00	00	00	00	00	00	03	00	00	03	00
	TOTAL	18	00	06	06	00	06	116	00	00	152	00

FUNDING ACTIVITY------		01	02	03	21	22	23	40	43	X	TOTAL	LA
	AUTHORIZED	404	56	35	34	28	12	111			665	
	FILLED	285	55	24	29	28	08	95	00	02	624	01
BAIHS	VACANT	25	01	06	03	00	03	18	00	00	56	01
	IPA	00	00	00	02	00	00	00	00	00	02	00
	TEMPORARY	12	00	00	01	00	00	03	00	04	20	00
	TOTAL	420	56	30	35	28	11	116	00	06	702	02

FUNDING ACTIVITY------	01	02	03	21	22	23	40	43	X	TOTAL	LA
CONTRACTED	04	00	01	03	02	03	00	00	00	13	

Senator MELCHER. I want you to send us a copy of these two outstanding hospital bills involving the two minor foster girls.

How long has this bill been outstanding?

Ms. MONTEAU. I believe it's only been a couple of months.

Senator MELCHER. I know how frustrating it is for everybody when they wonder who is supposed to pay, and since it hasn't been paid, send us a copy of it and the circumstances so we can look at it.

I am not sure who is right or wrong on this, but if it is supposed to be an IHS payment, we would like to examine it for ourselves and see whether we can straighten it out.

Joe, you seem to want to say something. What is it?

Mr. ROSETTE. Thank you, Mr. Melcher. And some of the concerns that I have on our reservation, I'm a health board member.

And we have a letter here that Dr. Copp wrote to Mr. Bibo in Havre in regard to contract services, and if this takes place, it looks like to us that it's going to take out our clinic at Rocky Boy and throw about 40 people out of work.

And the Havre hospital and the clinic will get all the business that's now being carried on by the Rocky Boy Clinic.

Senator MELCHER. Just so we understand this, you are saying a contract between the Havre hospital and the tribe, and the contract would be between IHS and the Havre hospital?

Mr. ROSETTE. Yes.

Senator MELCHER. To give services to the tribe?

Mr. ROSETTE. Yes.

Senator MELCHER. Have we seen that? I don't think we have seen that.

Mr. ROSETTE. We just got this letter yesterday morning.

Senator MELCHER. Well, we will look into it. I don't know what that would entail in the level of service. There is nothing wrong with the Havre hospital.

Mr. ROSETTE. No, I'm not saying that.

Senator MELCHER. But it is some 35 miles away, the last time I drove it.

Mr. ROSETTE. Yes.

Senator MELCHER. I don't know what provision there would be.

Ms. MONTEAU. What it would do is, transportation-wise, see, some of the people don't have cars to drive to Havre, and when they have a need, they don't have cars.

Senator MELCHER. I would assume that the contract would project them staffing the clinic at Rocky Boy, I hope, otherwise it wouldn't be much of a contract.

Mr. ROSETTE. No. We wouldn't want to lose our clinic there, because it does take care of a lot of people, like Clarice says, and there are a lot of people there that don't have cars and can't afford to go to Havre.

Like Rocky said, we are 70-percent unemployed. And our tribe is probably the poorest tribe in the whole State of Montana.

And we can't afford to provide this, like Rocky was saying, this escort service. We are in a hole clear to the hilt in trying to help our people in some of the problems that they are having with their health care.

And the President of the United States can go to China and bring back a couple of girls and have them taken care of. Why can't he come to Rocky Boy and take care of some of our people that are in bad shape up there?

Senator MELCHER. I think that's the next trip.

Mr. ROSETTE. I have several complaints of the area office here, that they don't consult with the tribes. I could go on and on here about the services we are getting out of the area office here in Billings.

And if you go down to the area office here in Billings, it's so over-staffed, it went from when Jim Smith was here from 130 to over 157, I think, now.

And when the area director down there has got to have five secretaries sitting at his door, something is wrong. I think one could handle it real sufficiently if she is a good secretary. Thank you.

Senator MELCHER. Thank you, Joe.

Clarice?

Ms. MONTEAU. I only have one more thing to add. Recently the IHS received money—somewhere in the neighborhood of $60,000—to do some landscaping. I think it was in their long-range plans, I think is what it is. But what I'm questioning is——

Senator MELCHER. How much?

Ms. MONTEAU. $60,000 is the figure that I have received. And what I'm wondering is, we need a new addition to our clinic. Why couldn't these funds be used for a new addition to our clinic instead of using it for lawns and trees? We can live without lawns and trees. We need a new addition.

Senator MELCHER. What were you talking about? Is this $100,000 for landscaping?

Ms. MONTEAU. Yes.

Senator MELCHER. Where?

Ms. MONTEAU. At the Rocky Boy Clinic. And they just put some trees there and they leveled it, and they are going to plant grass there. And this was funded from IHS level.

And we have been badgering and badgering them for an addition to our clinic for the health board employees and IHS employees because we are like sardines in that clinic.

Senator MELCHER. Who has the contract?

Ms. MONTEAU. I am not, I guess, real privy to that information.

Mr. ROSETTE. The Badlands Tree and Landscaping.

Senator MELCHER. Where are they from?

Mr. ROSETTE. Havre.

Ms. MONTEAU. They are from Havre.

Senator MELCHER. When did this start?

Mr. ROSETTE. Approximately—this is their second week.

Senator MELCHER. What size trees are these?

Mr. ROSETTE. This high [indicating].

Senator MELCHER. From the floor or from the table?

Mr. ROSETTE. No, from the table.

Senator MELCHER. Three foot.

Mr. ROSETTE. Yes.

Ms. MONTEAU. We also have a Diabetic Program that is in dire need of a building to house our equipment. We have a very good

Diabetic Program in our area. In fact, it's one of the better ones in the State.

We need additional space to house these clients and employees that are going to be taking care of this program.

Senator MELCHER. Do you have very many diabetics?

Ms. MONTEAU. Yes, we do.

Senator MELCHER. How many?

Ms. MONTEAU. I think we have 140.

Senator MELCHER. Identified as diabetics?

Ms. MONTEAU. Yes. We have in our Tribal Health Department budget, we have $6,000 provided there, but it is tied up because this year there is to be no funds spent for any remodeling, reconstruction or building.

Senator MELCHER. That 140 diabetics is diagnosed on what basis?

Ms. MONTEAU. They are called type 2 diabetics.

Senator MELCHER. Are they all members of the tribe?

Ms. MONTEAU. Yes.

Senator MELCHER. What's the tribe enrollment?

Mr. ROSETTE. 3,237, I think.

Senator MELCHER. 3,300, and you have got 201. You have got 7 percent——

Mr. ROSETTE. There is 2,200 residing on the reservation.

Senator MELCHER [continuing]. But these more than 200 diabetics, are they just from the reservation or not?

Ms. MONTEAU. Yes, they are on the reservation.

Mr. ROSETTE. Yes.

Senator MELCHER. You are positive of that?

Mr. ROSETTE. Yes.

Senator MELCHER. They didn't move to the reservation from off the reservation because of their illness?

Ms. MONTEAU. No.

Senator MELCHER. That is a 10-percent rate.

Ms. MONTEAU. There are more diabetics that do come from Great Falls. Some come from Helena. There are some Canadians that come.

Senator MELCHER. What's the age range?

Ms. MONTEAU. I would say anywhere from middle twenties to——

Mr. ROSETTE [continuing]. To age 50, and then older people, really, that are in real bad shape.

Senator MELCHER. Do you have many that are under 40?

Ms. MONTEAU Quite a few.

Senator MELCHER. Like 50 or 20?

Ms. MONTEAU. I would say about 10 to 15.

Senator MELCHER. Is the incidence of alcoholism higher in the diabetics than otherwise?

Ms. MONTEAU. I am not certain. I know recently we have just had seven new diabetics diagnosed in the last 3 months.

Mr. ROSETTE. Some of our diabetics that are alcoholics have been told either they are going to die or quit, so they quit.

I'm pretty sure they have cut down on their drinking since that time, because you can't mix booze and diabetes.

Ms. MONTEAU. And there is a prevention program that is going to be in effect. We have received a $15,000 grant to do this for 1 year.

Senator MELCHER. But the diagnostic level is type 2 diabetes?

Ms. MONTEAU. Yes.

Senator MELCHER. OK.

Mr. SANGREY. I'm concerned. Within the next 2 months we are going to be losing two physicians and dentists, and a dentist and one physician will be replaced.

And I'm concerned that that position may never be filled. We were not consulted by the area office that these positions were going—they were transferring these doctors.

Senator MELCHER. All right. We will be looking at all the reservations, all slots that are filled.

Give us your comments on the proposed contract. We will get a copy of it, but we would like to have your comments from the tribe and what you think of the contract.

Ms. MONTEAU. We also have one more document here for the record.

Senator MELCHER. What is that?

Ms. MONTEAU. This is just a letter from a tribal member.

Senator MELCHER. Concerning this hearing?

Ms. MONTEAU. Yes.

Senator MELCHER. We will make that a part of the record right at this point. Is there something else there, Joe?

Mr. ROSETTE. Yes, the letter.

Ms. MONTEAU. This is the letter from Gerald Bibo.

Senator MELCHER. We will make this a part of the record, also. Thank you all.

Ms. MONTEAU. We would like to thank you for your time.

[The correspondence referred to follows:]

May 28, 1985 [redacted]

Jim Morsette
Rocky Boy
Box Elder, Montana

Honorable Senator Melcher
Billings, Montana

Honorable Senator:

I seek your assistance to a Indian Health Service problem on the Rocky Boy's Reservation.

Health Care services are being reduced. Canadian Indian women married to tribal members are denied medical services, (except in extreme emergencies) IHS in some cases refuses to pay hospital care.

Based upon the above examples, how can IHS justify spending over $100,000 to do landscape work and other questionable construction.

Is IHS an employment agency? or is it here to provide necessary health care to the people of Rocky Boy.

Funds need to be transfered from these unnecessary expenditures to provide health care services.

Thank you.

Jim Morsette
Tribal Member

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service
Health Resources and Services Administration

Billings Area
Indian Health Service
2727 Central Avenue
P.O. Box 2143
Billings MT 59103

Our Reference: CNO

MAY 22 1985

Mr. Gerald Bibo, Administrator
Northern Montana Hospital
30 13th Street
P.O. Box 1231
Havre, Montana 59501

Dear Mr. Bibo:

During our conversation last week, you mentioned that you had been having some discussions in the Havre medical community regarding the possibility of working out some sort of capitation contract with the Indian Health Service to provide services for the Indian people of the Rocky Boy and Fort Belknap Reservations and their designated service delivery area.

It is coincidental that we have also been engaged in discussions with Tribal Officials on those Reservations regarding alternative means of delivering health services, which might relate to your expressed interests. Specifically, we are exploring with the Rocky Boy Tribe options for after-hours and weekend emergency services coverage. Also, we are analyzing the entire health care delivery system for the Fort Belknap Reservation in preparation for developing proposed recommendations for the construction of new health care facilities there.

In both respects, we certainly want to consider what possible role Northern Montana Hospital and the private physicians in the Havre area might wish to play in any revised system of care. I have discussed this question with the executive staff of the Indian Health Service Area Office in Billings, and would like to suggest the following:

1. If the hospital and physician providers in Havre could form a corporate entity with whom we could contract, and if the interest exists to pursue this possibility, we would be willing to discuss with you a proposal for:

   a. A capitated agreement for all inpatient needs of the Indian population served by the Fort Belknap Service Unit.

   b. A capitated agreement for all inpatient needs of the Indian population served by the Rocky Boy Service Unit.

   c. A capitated agreement to provide emergent after-hours and weekend curative services for the Indian population served by the Rocky Boy Service Unit.

Unless you have some imaginative ideas on the subject, it is probably impractical to consider any proposal to provide after-hours coverage for Fort Belknap, since many of those people reside 80 to 90 miles distance from Havre.

[redacted]

Under any proposed arrangements, one of our principal concerns would be the assurance of high quality services to the Indian people, so that cardiac care would be provided by board certified internists, obstetrical care by obstetricians or family practitioners with solid obstetrical experience, etc. Discussions with tribal health officials would also be a part of any agreements for a modified system of delivering health care services.

Should you be interested in pursuing these possibilities, it would be expedient to do so promptly as we intend to make some firm decisions this summer on just how these two reservations will be served. We would look at the available resources in these Service Unit budgets, considering altered staffing arrangements and access to contract funds in order to assess the feasibility of such a change. Also, if interested, you will need some basic data on eligible population, numbers of hospital admissions, hospital days, types of admissions and after-hours emergency room (ER) logs for Rocky Boy as a basis for developing proposals and calculating capitation rates.

This office would be in a position to supply most of the data required, and can be reached by calling (406) 657-6403 with specific requests.

By copy of this letter, I am informing the Tribal Chairman and Health Board Directors of this correspondence, and invite their active involvement in any ensuing considerations.

It is our intent at this time to continue to provide regular outpatient medical and dental primary care clinical services and a full range of preventive community services on both of these reservations, and to upgrade these services to the extent possible within available budget resources. Your interest in jointly exploring the possibility for improving the arrangements for hospitalization and after-hours care is greatly appreciated.

Sincerely yours,

Dana B. Copp

Dana B. Copp, M.D.
Area Chief Medical Officer
Billings Area Indian Health Service

cc: Service Unit Director, PHS Indian Health Center, Harlem, Montana
Chairman, Fort Belknap Community Council, Harlem, Montana
Director, Fort Belknap Tribal Health Department, Harlem, Montana
Service Unit Director, PHS Indian Health Center, Box Elder, Montana
Chairman, Chippewa-Cree Business Committee, Box Elder, Montana
Director, Rocky Boy Tribal Health Department, Box Elder, Montana

Senator MELCHER. The last panel is Norman Hollow, Caleb Shields, Larry Burshia, and Kenny Smoker from the Fort Peck Tribe.

STATEMENT OF NORMAN HOLLOW, CHAIRMAN, FORT PECK TRIBE, POPLAR, MT; ACCOMPANIED BY CALEB SHIELDS, COUNCIL MEMBER; LARRY BURSHIA, TRIBAL HEALTH PLANNER; AND KENNY SMOKER, COUNCIL MEMBER

Mr. HOLLOW. I'm Norman Hollow, chairman, Fort Peck Tribe. I sat here this afternoon listening with a great deal of interest, concerning problems with Indian health care on the reservations as expressed by the various different delegates.

In comparing it to the various testimony being made by Indian health personnel, questions being asked of the expenditures of different items, particularly with reference to an expenditure for computers and a trip to China.

How well this money could have been spent down on the reservation level where the Indian people are very much in need of medical attention.

Right now the policy of the Indian Health Service is that life or death situations are the only ones that are being considered for medical health care.

In many instances, before a patient arrives at this particular point in life, the medical care that could have been provided him would have been a cost-saving factor for the Indian Health Service as far as medical care for the Indian people is concerned.

And it also would have been very helpful and convenient for the patients. This is why it makes me very much concerned of the expenditures in various items.

I can't help but drift back to the mid-1950's when Congress initially transferred Indian health care from administration by the Bureau of Indian Affairs to at that time it was Health, Education and Welfare Department.

It was Congress' intention at that time that this transfer would have been a cost-saving factor, and better health care provided for the Indian people on the reservation level.

This was the case for a short period of time, and it didn't take Indian Health Service very long to get politically oriented and establish their bureaucratic system of administering funds for Indian health care.

These are the problems that brought about some of the situations that we are discussing here today, specifically with reference to the transfer of Dr. Chang from the clinic at Poplar.

It was stated by one of the witnesses that it is difficult to obtain the services of medical people to serve in our particular reservation.

Taking that point into consideration, I think when they find a medical officer who is willing to serve at Fort Peck, he ought to extend that opportunity to that particular individual, specifically in relation to what had transpired with reference to Dr. Chang and the transfer of that particular physician out of the Fort Peck clinic.

It has been expressed here that there is a lack of communication with the reservation areas. This is particularly true in a case of what happened with reference to Dr. Chang.

The tribal executive board went on record requesting that Dr. Chang be left remaining in the Poplar clinic.

And it wasn't only the tribal executive board that took action of this nature, but the community members of our reservation took similar actions.

One of the individuals who is a physician in Poplar, Dr. Nicholson, testified here this afternoon. That particular individual took quite a position, positive position, in relation to this particular subject.

We have members of our board of directors of our community hospital board that took a position in support of Dr. Chang. We have members of the medical clinic board of directors, under the chairmanship of Dellis O'Connor, who took a position in support of retaining Dr. Chang at the Poplar clinic.

In spite of all this community support, the wishes and desires of the local people were completely ignored. They were completely ignored because the staff, at the Billings area level, wanted to protect their bureaucratic political system of making decisions as to where a particular individual needs to be assigned and needs to remain.

I can truthfully state that if you are not a friend or relative of personnel who are in the decisionmaking position, it is difficult to get any recognition.

And I think that this policy needs to be altered to the point where local people must be consulted, and their positions taken into consideration in making some of these major decisions.

I am sure that the status of the Dr. Chang position wouldn't have been exposed to such proportion if they had laid aside their political affiliation and listened to the governing body at the local level.

I am going to turn the remainder of my time over to Mr. Shields, who I am sure has some statements that he would like to make this afternoon. Thank you, Senator.

Senator MELCHER. Thank you, Norman.

Mr. SHIELDS. For the record, my name is Caleb Shields. I am a member of the tribal council.

Mr. Chairman, I would like to make, for the record, a copy of our tribal newspaper at Fort Peck dated August 24, 1984. There is an article in there quite lengthy about the politics that kept Dr. Chang from our reservation. If I may, I would like to submit that for the record.

Senator MELCHER. That article will be made a part of the record at this point.

[The article referred to follows:]

WOTANIN WOWAPI
Fort Peck Reservation
Assiniboine
Poplar, Montana
August 24, 1984 VOL. 15 NO. 17

Politics keep doctor from reservation

POPLAR - It is not very often that an Indian Health Service doctor transferred into the Fort Peck Reservation's main IHS Clinic in Poplar wants to stay, and demonstrates real concern in working with the Indian people. One such doctor did want to stay in Poplar, but politics at the IHS Area Health level in Billings changed that, according to tribal officials.

Dr. Winshih Chang, M.D., who worked at the IHS clinic in Poplar and who voluntarily became involved in working with the Tribes' alcohol treatment program, was transferred to the Crow Reservation IHS hospital in July despite wide community support. According to tribal councilman Caleb Shields, a complaint of insubordination was filed against him by the clinic's then Chief Medical Officer, Dr. Conleth Crotser, to the IHS Area Office after she was transferred to Rocky Boy. Shields said Dr. Chang's professional competance was to be evaluated brought about by Dr. Crotser's complaint to the Area Office. Shields said there was apparently a problem among the clinical staff and "politics" on the part of at least 3 employees at the Poplar Clinic and IHS area office caused Fort Peck to loose a doctor who wanted to stay.

"The health care of the Indian people was put in jeopardy at this time because there was no full time doctor like Dr. Chang here. We feel the health care of the Indian people on the reservation is not a concern of the IHS area office. The concern was area office politics first. It is not very often that we find a doctor who wants to stay here an extended period of time. Dr. Chang wanted to stay and wanted to come back," according to Shields.

Chairman of the Tribes Health, Education and Welfare Committee Ken Smoker Jr., feels the same way. "It was a political move that hurt because the patients were forgotten in this issue," Smoker said. Dr. Chang was attending the AA meetings and really looking at the alcohol problem on the reservation, Smoker said. He also volunteered to do the physicals for the Fort Peck Boxing Club. "This was the first time we had a doctor who wanted to stay at Fort Peck and IHS transferred him out," Smoker

Evaluations on Dr. Chang by the Crow Service Unit and by an outside physician that IHS hired at the urging of the Tribes showed that Dr. Chang had both the

ability and desire to practice general medicine in a fully competent manner. The outside physician recommended that Dr. Chang return to Poplar, but it was the recommendation of the Chief Medical Officer of the Billings Area IHS that Dr. Chang be transferred to Crow. In a letter to the Tribal Chairman Norman Hollow on Aug. 8 from Dr. Chang, he wrote that he will concur and respect the recommendation from Area IHS and not return to Poplar.

"If Dr. Win Chang returned to Poplar, he will be working under conditions which is more of less blackmail," Smoker said. "IHS didn't want to lose face in this issue. So Dr. Chang is still at Crow because he has no choice. We here have to live with this decision made at the area office level."

After Dr. Chang left, the IHS Clinic in Poplar was supplied with temporary doctors from the Kron Foundation, "They are not the best doctors," Smoker said. "They are highly paid and fill in only during emergencies. There is no continuity in the doctor and patient relationship. "From my personal experience, one was quite rude. That's the kind of people they are."

According to deputy service unit director Tom Keast, who is here every other week since July, there have been 3 to 4 temporary doctors who have passed through the IHS clinic since Dr. Chang's departure. A new Chief Medical Officer, Dr. Clayton Bunt, has just transferred in about a month ago and will be here two years. A Dr. Collings is due to arrive in Sept., Keast said.

In order to see the issue clearly, the circumstances that lead to the loss of a concerned doctor at Fort Peck, is described here from interviews with tribal councilmen Shields and Smoker, and from coorespondence relating to this issue.

BACKGROUND

Following complaints against Dr. Chang, he was transferred to the Crow Reservation. The Fort Peck Tribes, Poplar Community Hospital, Poplar Community Meetings and the Poplar Chamber of Commerce all passed letters of support for keeping Dr. Chang here. This did not help matters.

The decision to transfer Dr. Chang from Fort Peck was made by the director of Billings Area IHS Jim Danielson. Dr. Chang was transferred to Crow, his position at Fort Peck advertised by the Area Office.

"Because of community support, the Tribes decided they would try to get Dr. Chang returned to the clinic. We contacted Dr. Everett Rhoades, director of the Central IHS, Rockville Md. and convinced him to put a hold on Dr. Chang's position being advertised." Shields said. "The Tribes convinced Dr. Rhoades that a private, independent physical should be hired from outside IHS to investigate, report and made recommendations back to Dr. Rhoades by July 29."

This review was conducted by Dr. Nancy Furstenberg of Lubbock, Texas, who has several years of experience and maturity. She interviewed people at the area office level, at Crow, at the Poplar Clinic and Community Hospital in her evaluation, as well as Dr. Chang. The results of the review were sent to the Area Office.

The IHS will pay for the independent review conducted by Dr. Furstenberg.

The Tribes also met with Max Richmond, of Senator John Melcher's office regarding this issue and the Tribes point of view. According to Smoker, Melcher's office felt the same as the Tribes in that the patients were forgotten in this issue.

Smoker, who has been working on this issue, also wrote letters regarding the transfer of Dr. Chang. In a reply to him from Robert Graham, M.D., Assistant Surgeon General of the Public Health Service, Rockville, MD, Graham wrote: "The results of the review will be discussed with Mr. Hollow, the Director, Billings Area, and the Director, IHS, in an attempt to achieve some common understanding, if not consensus, as to what the problem were and what solutions can be undertaken jointly."

According to Smoker, the Area Office of IHS didn't consult with the Fort Peck Tribes in Dr. Chang's removal as stated.

Dr. Chang was also evaluated by the Crow Service Unit for 6 weeks. In a written report that represented a composite of comments and observations from the medical and nursing staff who work with Dr. Chang in Crow, the following was stated: Dr. Chang has continued to demonstrate positive interactions and rapport with our patients, has worked under the supervision of most of the medical staff and consistently has shown adequate fund of medical knowledge and appropriate use of consultations in caring for out-patients and in-patients. He has been willing to accept and follow through with advice and suggestions from all fellow physicians who have worked with him. He seems to recognize his limitations and seeks help when indicated. Considering the limitations suggested by his minimal post-graduate training in the areas of general medicine, pediatrics and obstetrics, Dr. Chang performs remarkably well, demonstrating a good variety of skills.

In a report written after both evaluations on Chang, the following statements were made by the Chief Medical Officers of the Billings Area IHS to the Director of the Billings Area IHS. "While Dr. Chang reportedly engaged in unprofessional interactions with other clinic staff at Poplar, no such behavior occured at Crow, where he was quickly accepted by patients and staff. I believe the prior lapses in professional decorum were attributable to the unusual circumstances of the working environment rather than being characteristic of Dr. Chang's interpersonal skills."

The letter went on to say: "Questions were raised with the regard to indications that Dr. Chang might be in need of greater supervision in his clinical practice...it is clear that Dr. Chang

seems to function best in a clinical setting which includes board-qualified physicians and the immediate opportunity to conver with more experienced clinicians."

It went on to say: "Dr. Furstenberg recommends that Dr. Chang return to Poplar for his remaining year (if he want to) and adds two caveats to that recommendation. First, she accurately identifies Dr. Chang as a symbol of the factional polarization between some tribal members, the clinic facility, and the Billings Area Office."

"It is my belief that his return to Poplar would aggravate that polarization and be disruptive to the function of the clinic. In addition, Dr. Furstenberg expresses her concern that his detractors could make his stay at Poplar very difficult.

"As the Area Chief Medical Officer, interested in the best interests of the Poplar community, Dr. Chang's career, and the development of a stable first-class health care system on the Fort Peck Reservation, I must in good conscience recommend that we transfer Dr. Chang to the staff at the Crow Service Unit and make a strong committment to improved management, clinical organization, and quality health services for the Fort Peck Reservation." The letter was from Dana B. Copp, M.D.

Mr. SHIELDS. I have been at a complete loss of words trying to develop written testimony concerning the area office and Dr. Chang's situation on Fort Peck.

But after listening to a lot of comments and the testimony by different representatives, a few were bound to miss a continuing saga called the Jim Smith II.

First, we had Jim Smith transferred upstairs. Now we have Jim Danielson who was transferred downstairs here to the area office, and the surface impression is that things haven't gotten better in our area office. In reality, the situation has gotten worse.

In the Billings area office, we have a situation that doesn't allow the health delivery system to improve itself. It has been stated by three concerned physicians within the area that we have a bureaucratic administrative overkill.

I would say that we probably have an example of a professional bureaucrat in our area director, Jim Danielson.

Back to the issue of that study that was done by Dr. Nancy Furstenberg, it was by tribal request. We had to pressure Dr. Rhoades to allow us to pick the individual and that the Indian Health Service would pay for it.

At that time, Dr. Rhoades had assured the tribe that the area office will accept her recommendation because she was to be an independent evaluator, and that his office and the area office will follow her recommendation.

I think we were double crossed by the area director and his associates.

And what we need, I believe, is some immediate recommendation. Mr. Danielson and his associates, I think we need a clean sweep of his people at the top level of the area office, not just a vertical transfer because what normally happens, Senator, is they get transferred upstairs and they get promotions out of these types of things.

Maybe in the case of Jim Danielson, he can get an early retirement or something. I think we need a restraining order against Danielson, Copp and Neligh, to prevent possible reprisals against these individuals who so truthfully testified the real situation at Fort Peck.

I am glad to hear that you will follow very closely any type of reprisals that may be taken against them now and when they get out of the Corps.

As you have heard today, we have a real recruitment problem in the area office. We have, as you heard today from Dr. Nicholson, a lot of temporary positions that were run through our service unit.

This puts Indian people in jeopardy of the health care. We don't want what has happened at the Rosebud.

You heard the horror stories of those temporary-type people who put coldpacks on people's bellybuttons to solve their illness. We had very similar things at Fort Peck, but not that bad.

Concerning that trip to China, I guess you can call it the China odyssey, it would appear that their bills may have paid for their stay at the Inn of the Sixth Happiness or something.

I hate to get personal on this type of thing, but I get so frustrated. I have been on the council 10 years now, and a lot of frustration has built up within me about the bureaucratic-type things that

go on, not only in the Indian Health Service but also within the Bureau of Indian Affairs.

Mr. Danielson has completely ignored the Fort Peck Tribes. I think he has only been, to my knowledge, to Fort Peck once to visit with the tribal council.

And that isn't what you call consultation. He is great at sending memos around and letters out, but for some reason he is afraid or he is stubborn or he just doesn't want to meet with tribal councils.

The last thing that happened at Fort Peck was a service unit director position that was advertised. An advertisement was to effectively eliminate any Indian candidates from the position of a service director.

I think what has happened here, Senator, is we do know, and I think we all agree, and however it is said, but Jim Danielson was transferred. He was transferred from Rockville to Billings. He wasn't wanted around there, and so they moved him out here.

And it would follow suit that the area allocation of funds from the Rockville area office would not be favorable to the Billings area, and I think that is what we are experiencing.

Like I said, we need a clean sweep of Danielson and his associates and start over, start all over again. The sooner we can reach that point the better off the Indian people in this area will be. Thank you.

Senator MELCHER. Caleb, there was one point that you mentioned that confused me. If the testimony has any merit at all that regards Dr. Chang's move to Crow, there were complaints, were there not?

Mr. SHIELDS. Complaints from where?

Senator MELCHER. I don't know. There were complaints that were known in the community, were there not?

Mr. SHIELDS. Not that I am aware of. I am aware of complaints among some of the medical staff.

Senator MELCHER. With each other?

Mr. SHIELDS. Yes; with each other as the prior testimony has given.

Senator MELCHER. But you weren't aware of it at the time?

Mr. SHIELDS. No; not prior to.

Senator MELCHER. When Dr. Chang was there, you weren't aware of it?

Mr. SHIELDS. No.

Senator MELCHER. What was the feeling in the community prior to his moving, prior to this trouble?

Mr. SHIELDS. Well, from all indications, Dr. Chang was well-respected within the community.

Senator MELCHER. Did you know him?

Mr. SHIELDS. Yes; I belonged to the advisory board of Spotted Bull Treatment Center, and they had some alcoholism seminars throughout the communities, and Dr. Chang on his own time would always go to those meetings to lend what he could to those meetings, the clinical side of alcoholism and all that, and he did a lot of volunteer work that way.

Senator MELCHER. You knew him that way, and you were favorably impressed?

Mr. SHIELDS. Oh, yes, I think many people were.

Senator MELCHER. What about patients?

Mr. SHIELDS. I don't know if there were any complaints, but I don't think anyone is perfect. There may have been complaints.

Senator MELCHER. Did you know people that——

Mr. SHIELDS. I personally do not know. I haven't heard of any.

Senator MELCHER. Norman.

Mr. HOLLOW. No, if there were any complaints about Dr. Chang, I'm sure that I would be the first one to hear it because a lot of people visit my office.

And generally when they come to my office, they have a complaint to make either about the Indian Health Service or the Bureau of Indian Affairs, and I have not heard any complaints about Dr. Chang.

Senator MELCHER. Is that pretty good? I mean, does that speak well for him? I know what you mean about hearing the complaints.

Mr. HOLLOW. This speaks very well for him. Because if people were dissatisfied, they would make me aware of it.

Senator MELCHER. Did you know him personally at that time?

Mr. HOLLOW. No, I did not know him personally, but I met him shortly after the problem arose.

Senator MELCHER. All right. Anymore?

Mr. HOLLOW. Larry, do you have anything to offer?

Mr. BURSHIA. Senator Melcher, I'm Larry Burshia, and I am tribal health director, and I handle patient complaints at the unit there.

Senator MELCHER. Were you there before Norman?

Mr. BURSHIA. No. But I never did get a complaint on that Dr. Win Chang, and I usually get one or two on most of the doctors that we have there. We usually get some type of a complaint. But I never did get one.

Senator MELCHER. When you say you get one or two, you mean over the course of time that a physician is there, you usually get a complaint?

Mr. BURSHIA. That's the 2 years that they are there. I usually hear one or two complaints on just about every doctor that's there.

Senator MELCHER. You knew Dr. Chang personally before there was any discussion of transfer?

Mr. BURSHIA. Yes, I did.

Senator MELCHER. What was your impression?

Mr. BURSHIA. He was a good doctor.

Senator MELCHER. That was your impression?

Mr. BURSHIA. Yes.

Senator MELCHER. I just want to relate this to some of the testimony we heard earlier at the outset of this hearing, that there was complaints in the community. But if there were complaints in the community, you were not aware of them?

Mr. BURSHIA. No, there wasn't any in the community. It was all within the clinic staff.

Senator MELCHER. Were you aware of that?

Mr. BURSHIA. Yes, I was.

Senator MELCHER. Did it interfere with the efficiency? I generally assume that it does.

Mr. BURSHIA. I would say that it did, yes.

Senator MELCHER. That was your observation?

Mr. BURSHIA. Yes.

Senator MELCHER. Now, this was prior to any discussion of moving Chang away from Poplar, was it not?

Mr. BURSHIA. Yes.

Senator MELCHER. What did you think about it?

Mr. BURSHIA. Well, I was hoping that they would handle it locally, with the problem that they were having back there. But it didn't happen.

The next thing we knew, the area office was up there, and they were investigating it, and they made the decision to move Dr. Crotser to Rocky Boy and Dr. Chang——

Senator MELCHER. Did they ask you anything while they were up there?

Mr. BURSHIA. No, they never interviewed me at all, and I wanted to be interviewed.

Senator MELCHER. Did you know they were there?

Mr. BURSHIA. I knew they were there when they were there that day. I saw them around there.

Senator MELCHER. Did they come in and say hello, or did they know who you were?

Mr. BURSHIA. Well, Dr. Neligh was in the office because I had a lady that had a concern there and wanted to meet with that Dr. Neligh, so they met in my office.

Senator MELCHER. Norman, did they come and see you?

Mr. HOLLOW. No.

Senator MELCHER. Were you in your office?

Mr. HOLLOW. Yes.

Senator MELCHER. Did you know they were there?

Mr. HOLLOW. No, I didn't know they were there.

Senator MELCHER. I don't understand this. Who came from the area office?

Mr. BURSHIA. Dr. Neligh, Dr. Copp and Sal Salacinski, three of them.

Senator MELCHER. Their testimony was to the effect, if my memory serves me correctly—I'll review the transcript—but the testimony of Mr. Danielson and Dr. Copp was that there were complaints in the community.

And you are testifying that that is not true?

Mr. BURSHIA. Yes.

Senator MELCHER. And you are also testifying that you were not consulted to see if there were complaints by patients or by anybody else?

Mr. BURSHIA. Never was.

Mr. SHIELDS. Sometimes, Senator——

Senator MELCHER. That's true of you, too, Norman?

Mr. HOLLOW. That's right.

Mr. SHIELDS. In our statement, our clinic is known as the Community Health Center. They may refer to the "Community" as a Community Health Center where the complaints originated.

Senator MELCHER. I'll review the transcript, but I don't think people are trying to confuse me on this subject, and the community means community. But I'll review the transcript.

Norman, I don't know how long you have been on that tribal council; how long?

Mr. HOLLOW. Thirty-eight years.

Senator MELCHER. On the council?

Mr. HOLLOW. Yes. I have been on since 1947. I have been chairman since 1973.

Senator MELCHER. I knew about the chairmanship, but I didn't know you started in 1947.

Mr. HOLLOW. That's right.

Senator MELCHER. Let us just go back 12 years, since you have been chairman. Haven't you had a relationship with the area office during that 12 years where you knew what was going on in your own backyard with Indian Health Service?

Mr. HOLLOW. I knew very little about what went on. Perhaps Mr. Burshia, who is——

Senator MELCHER. No, I mean during the whole 12-year period. You have been there that long in the same capacity?

Mr. BURSHIA. No. I have been in my department for 9 years.

Senator MELCHER. Well, what about it? Isn't there some give and take between the area office and your position?

Mr. BURSHIA. Not with the man that's in there now.

Senator MELCHER. I mean prior to this?

Mr. BURSHIA. Oh, yes.

Senator MELCHER. During the period of time—

Mr. BURSHIA. Well, I had a lot of dealings with that Mr. Smith when he was here, and we had a good working relationship, and I had no problems with him.

Senator MELCHER. Let me just make this comment to all of you: I don't feel it's my job to interfere with Dr. Rhoades and his appointment, which is the area director here.

I'm very much concerned with the results of the function and the interaction and the coordination of the area office with the people in the field, and so Dr. Rhoades made his selection. He told me what his selection was.

And I said to him, it's up to you to be sure that the area office has a higher level of performance than in the past. There has been too much emphasis of the area office to the detriment, in my judgment, of the health care delivery in the field.

And that's at the time I made that statement, at the appointment of Jim Danielson.

And so I'm concerned that I don't see that improvement, and, frankly, on the raw numbers of increase in personnel here in the area office, that would indicate we have been going backwards.

But these specific points that we are discussing today will be thoroughly followed up, and I will look for some definite changes in the performance level here and what's actually done with the funds we appropriate for this particular area as well as the other areas throughout the United States.

But this one I know best because we looked at various things in here over the past several years, and I think progress has been made in general, and I would like to see it in certain areas in this office, also.

There has been progress made in other areas, and that's well and good, but I haven't seen a higher level of performance out of this area yet, and I trust we will see it.

Is there anything more?

Mr. HOLLOW. Senator, perhaps one of the factors that contributed to some of the problems that we have had lead back to the time when Dr. Rhoades give us the opportunity to provide input into the selection of a director.

At that time, no tribe in the Billings area office was in support of Jim Danielson.

Senator MELCHER. I'm aware of that. I was aware of it. But he was a stranger to you.

Mr. HOLLOW. Right. Now, I haven't had good luck in calling Jim Danielson and discussing with him some of the problems that we are faced with from time to time.

I find that he is very reluctant to overrule the people that are working underneath him.

I know this is a difficult job to do because as tribal chairman I have quite a number of people working for the tribe, and there are times when there is a necessity to overrule the people that are working for us.

There are times that it's necessary to do this. We cannot sit there and continue to take advice from the people that are in the lower level when we know that they are wrong and they have made decisions that are detrimental not only to their department, to my department, but to the people we are serving.

Now, when Jim Smith was here, there were many times when I got on the telephone and called him and told him, "Look, one of your people here at the local level have made this decision, and I'm dissatisfied, and I'm dissatisfied for these reasons, and I think that they need to to overruled."

And there was many, many times that Jim Smith overruled the service unit director, overruled the physicians and overruled some of his staff members that made decisions here in the Billings area office.

I was not able to have this type of working relationship with Jim Danielson.

Kenny, do you wish to make a statement?

Senator MELCHER. Kenny, I think you wish to make a comment.

Mr. SMOKER. Senator, my name is Kenny Smoker, and I'm the HEW chairman for the Fort Peck Tribes.

And there is one point that I would like to bring across, and that is about 1 year ago when this Dr. Chang issue first came up, I got a call from Larry Burshia, and it was pertaining to Dr. Chang when this was first brought up.

And I went to meet with the area director and his personnel there on this issue. And at the meeting there was several viewpoints from the tribe and also from the area office.

And I mentioned that, "Well, in order to solve this, could it be possible for you and your staff to come up and meet with the tribe and resolve this issue."

And he said to me that, "No sense of coming up there and having a shouting match."

And that brings out the point of why we are here, we are elected by the people to solve the problems, and how can we solve them by not meeting with the top representatives? That's a point I wanted to bring across.

Senator MELCHER. Kenny, this was after the start of the transfer; is that correct?

Mr. SMOKER. Yes, it was just in the instance of being transferred.

Senator MELCHER. And you were called?

Mr. SMOKER. Yes, I was called by Mr. Burshia, and they set up an appointment by me. I think it was at 1 o'clock.

Senator MELCHER. Was that up there?

Mr. SMOKER. Yes, it was at the area office.

Senator MELCHER. It was here in Billings?

Mr. SMOKER. Yes, It was not in Fort Peck. It was in Billings.

Senator MELCHER. And you did meet here?

Mr. SMOKER. Yes.

Senator MELCHER. And that was a request for you to meet here?

Mr. SMOKER. Yes.

Senator MELCHER. Representing the tribe?

Mr. SMOKER. I didn't have an official document from the tribe as to the viewpoint on the issue.

Senator MELCHER. The merits of the issue were discussed?

Mr. SMOKER. Yes.

Senator MELCHER. But you were supposedly representing the tribe's viewpoint on that issue?

Mr. SMOKER. Yes.

Senator MELCHER. What was your viewpoint?

Mr. SMOKER. Well, I felt that they had their point on the issue, and so did the tribes, but I couldn't say in full because I was just representing the tribe, and so——

Senator MELCHER. Your own personal viewpoint. Did you know Dr. Chang?

Mr. SMOKER. Yes, I did.

Senator MELCHER. What was your opinion, prior to any discussion?

Mr. SMOKER. He was well respected by the community. I organized about a year and a half ago a boxing club, and we asked Dr. Chang to come give physicals to all the participants.

And there was, roughly, about 32 boxers, and he came in on his own free time and gave a complete physical. And that was something that was never done before by another doctor.

Before they would just examine them, but he would take a full examination of them, which I thought was very beneficial to the boxers.

And he was well respected. Like Caleb mentioned, he attended Alcoholics Anonymous meetings, which I thought was very relevant to the problem that we have.

Senator MELCHER. Well, then you are not aware of any complaints?

Mr. SMOKER. No. I think what might have been discussed, and I briefed Norman on it is, the problems that arose were coming from Dr. Crotser, because some of the problems that she refused to see patients, that there is two cases of infants that she refused to see on her off-duty hours at the Community Hospital, and I think those were the complaints.

But they had to have a full investigation of both doctors, because it involved them both. And I think that is where some of the problems arose.

Senator MELCHER. All right. Thank you all very much.

Was there one more, Kenny?

Mr. SMOKER. There was one other issue, and that is pertaining to insurance on the Federal employees, tribal employees and other individuals. Tribal individuals, some of them are denied by IHS because they have gone out and got their own insurance. I personally disagree with that because the people are taking initiative to go out and seek their own health insurance.

And in turn, IHS is denying that. One case has a Federal employee, through IHS was denied payment for that individual. I think that affects IHS's budget in the sense that it helps them out.

I feel that we encourage people to go out and get their insurance, but if this is the case, then I see that they drop this insurance, so IHS covers that.

Senator MELCHER. I think it might be necessary for us to adopt a more direct policy by Congress itself on the interaction of insurance with IHS. Because you are right, Kenny, you are absolutely right, you should encourage people, if they can, to use insurance, and I don't want to discourage that.

All right, thank all of you.

But we will be looking into that, Kenny. I don't know how far we will get. But Congress itself should be addressing that and discussing it with IHS and see whether legislation is needed on that matter. Thank you very much.

Now, Mr. Danielson, you are still here. You don't need to approach the table. I just have a couple of quick questions to ask, and as long as he can hear you, we are all right.

First of all, we have a list here which I think is probably the latest one available, or one of the latest ones available, that says that there is about 153 slots in the area office, and not all of them are filled.

I think 21 are vacant and 3 are temporary. But is that approximately correct?

Mr. DANIELSON. Yes, sir. We have a staff of 123 on board.

Senator MELCHER. And there are 23 slots that are vacant?

Mr. DANIELSON. Yes; there are approximately that many positions that are not filled.

Senator MELCHER. But they might be filled if you got somebody you wanted?

Mr. DANIELSON. They represent those numbers that we consider would be an adequate staff to do the job we are required to do, if we have the resources.

Senator MELCHER. And about somewhere above five of them are GS–12's or above?

Mr. DANIELSON. I don't have that figure, sir.

Senator MELCHER. That's the way I count them. Tell me how many people that are IHS that work outside of the area office within the State including in the area, including the Wind River Reservation?

Mr. DANIELSON. Total staff, 683 is total IHS staff, minus the 123.

Senator MELCHER. Does that include the 123?

Mr. DANIELSON. That includes the 123.

Senator MELCHER. So, we have got one of four slots in Billings?

Mr. DANIELSON. Yes.

Senator MELCHER. Does IHS operate an alcohol program here in Billings?

Mr. DANIELSON. No. That particular group, which is a part of the mental health or behavioral health program, does provide some direct services as a result of consultation to the service unit staff. So they do get and are involved in some direct care.

Senator MELCHER. But there is no alcohol program in Billings?

Mr. DANIELSON. That is correct.

Senator MELCHER. There is no mental health program in Billings?

Mr. DANIELSON. That's correct.

Senator MELCHER. The alcohol programs that are urban are Butte, Great Falls——

Mr. DANIELSON. And Sheridan.

Senator MELCHER. Where?

Mr. DANIELSON. Butte, Missoula, and Sheridan.

Senator MELCHER. Oh, Butte, Missoula, and Sheridan.

Mr. DANIELSON. Yes.

Senator MELCHER. Everybody that is in the field, in other words approximately 500, 450——

Mr. DANIELSON. About 550.

Senator MELCHER. Pardon me.

Mr. DANIELSON. 683 minus 123.

Senator MELCHER. OK. Well, somewhere between 20 and 25 percent are in the area office?

Mr. DANIELSON. Something around 20 percent, yes.

Senator MELCHER. And about 20 of the slots are area office, so the other 76, 77, 78 percent are on eight reservations?

Mr. DANIELSON. Correct.

Senator MELCHER. And three different alcohol programs?

Mr. DANIELSON. No; we do not have any staff located in the urban programs at all. All of our staff are located on the reservations.

Senator MELCHER. You mean you don't have any staff. What is that, contract?

Mr. DANIELSON. Yes.

Senator MELCHER. It is contract, OK. Just two quick questions: The $100,000 landscaping, that is for real?

Mr. DANIELSON. I don't have the exact figures. What they are talking about, I suspect, is a renovation and upkeep maintenance project that deals with the IHS staff housing.

Senator MELCHER. You mean it isn't all just landscaping?

Mr. DANIELSON. I suspect not. I don't have the details.

Senator MELCHER. Furnish us with that, would you?

Mr. DANIELSON. Yes, sir.

[Material will be supplied as part of the Department's response to the Committee's subsequent letter which consolidated this request with other questions growing out of the hearing.]

Senator MELCHER. You have been to Rocky Boy, haven't you?

Mr. DANIELSON. Yes, sir.

Senator MELCHER. I have a hard time envisioning $100,000 in landscaping in terms of other needs. Just furnish the information on that.

And diabetes, have we got a diabetes program on every reservation?

Mr. DANIELSON. We have some things going on on all reservations as part of all the activities. We have three special projects that are funded out of a special fund from headquarters, $15,000 for a project.

Senator MELCHER. But do we have a diabetes program in each reservation?

Mr. DANIELSON. Yes; we have a diabetes program going on on all reservations.

Senator MELCHER. Clarice identified that type 2 diabetes, clear diagnosis of type 2. And that was about a 10 percent incidence at Rocky Boy.

Does that hold true for other reservations?

Mr. DANIELSON. I don't want to say it holds true for all reservations, but it certainly is on several of them.

Senator MELCHER. Will you furnish us with that?

Mr. DANIELSON. I will.

Senator MELCHER. Because to my way of thinking, that's a very high incidence, and I would like to have it for all reservations in this area, and we will look at it throughout the country in other tribes, also.

All right, that's all I have. I would like this additional material supplied in that report I asked for.

Mr. DANIELSON. Yes.

[Material will be supplied as part of the Department's response to the Committee's subsequent letter which consolidated this request with other questions growing out of the hearing.]

Senator MELCHER. The record will remain open for 10 days for additional comments, and the documents or the reports I have asked for, the additional information that I have asked will go in the record within that 10-day period.

So please have them to me within that period of time. Anybody that does want to submit additional information or additional statements to this hearing record may do so simply by dropping them off at my office in the Federal Building or sending it to the Indian Affairs Committee in Washington.

Thank you very much, and the hearing is adjourned.

[Whereupon, the hearing adjourned at 5:43 p.m.]

APPENDIX I

COMMUNICATION REGARDING DR. CHANG, SUBMITTED AT THE REQUEST OF SENATOR MELCHER

DEPARTMENT OF HEALTH AND HUMAN SERVICES, PUBLIC HEALTH SERVICE, HEALTH RESOURCES AND SERVICES ADMINISTRATION, INDIAN HEALTH SERVICE

BILLINGS AREA INDIAN HEALTH SERVICE BULLETIN NO. 84.5

To: All Service Unit Directors All Area Program Managers.
From: James Danielson, Director, Billings Area Indian Health Service.
Subject: Reorganization of the Billings Area IHS Office.

We wish to announce that effective January 22, 1984, the following organizational changes were made in the Billings Area IHS Office:

1. The Patient Care Programs and Indian Community Health Development Programs were integrated into one overall program entitled Health Programs, and three subordinate program units: Health Care Programs—Mr. Robert LaFromboise, Assistant Area Director.

Preventive Services Program—Dr. Garry Pitts, Acting Director.

Clinical Services Program—Dr. Gordon Neligh, Acting Director.

Tribal Health Program—Mr. Reis Fisher, Program Officer.

The Social Services, Alcoholism, and Mental Health Programs have been integrated into one program:

Behavioral Health Program—Ms. Margene Tower, Program Officer.

2. Dr. Dana Copp, previously the Assistant Area Director, Patient Care Programs has been assigned to a staff position as the Area Chief Medical Officer within the Office of the Area Director.

3. The Physician Recruitment function has been incorporated into the Human and Manpower Resources Program (Personnel) as part of the Professional and Specialty Recruitment function—Mr. Darrell Pratt, Staffing Specialist.

Please share this bulletin with all employees and Tribal members, as appropriate.

Director, Billings Area IHS.

FEBRUARY 13, 1984.

Attn: Assistant Area Director, Health Care Programs.
Service Unit Director—Fort Pack Service Unit.
Assignment of a Chief Medical Officer.

Beginning March 1, 1984, Dr. Win Chang is assigned as the Chief Medical Officer at the Fort Peck Service Unit. He is to relieve the present Chief Medical Officer, Dr. Conleth Crotser.

Dr. Crotser has done a fine job in the role of a CMO. I am sure the experience is a great benefit for her and the service unit.

VERNE E. GIBBS.

DEPARTMENT OF HEALTH AND HUMAN SERVICES,
PUBLIC HEALTH SERVICE, HEALTH SERVICES ADMINISTRATION,
BILLINGS AREA INDIAN HEALTH SERVICE,
Billings, MT, May 11, 1984.

Mr. NORMAN HOLLOW,
Chairman, Fort Peck Tribal Executive Board,
Poplar, MT.

DEAR MR. HOLLOW: As you know, considerable discussion has taken place over our proposal to resolve some complex problems in the IHS clinic at Poplar by transferring Drs. Crotser and Chang.

Dr. Crotser is now on duty at the Rocky Boy's IHS Clinic and, reportedly, content in her new assignment. Since we received questions from the Poplar Community regarding the necessity of also transferring Dr. Chang, the Executive Staff at Billings has conscientiously gathered facts surrounding the issue and carefully reviewed our position.

In all instances, we are anxious to weigh the desires and needs of the Indian people in our deliberations. This particular case received our full attention and thorough consideration, and we are unanimous in our final decision to transfer Dr. Chang this summer.

Dr. Win Chang is a Commissioned Officer in the U.S. Public Health Service, subject to the code of conduct and regulations which apply to all such Medical Officers. Unfortunately, he deliberately and repeatedly engaged in acts of insubordination, refusing to follow instructions from the Chief Medical Officer and issuing ultimatums to the Service Unit Director that "either Dr. Crotser goes or I go." Every Clinician has the obligation to deal with his colleagues in a professional manner. As a result, the discipline of the entire Medical Staff was compromised.

We can neither condone Dr. Chang's behavior in the setting which requires confidence and teamwork, nor do we feel it is possible to re-establish the necessary discipline in the Health Care Team without implementing his transfer.

It should be clear that this decision does not question Dr. Chang's Medical expertise or integrity, but reflects the absolute necessity that all members of the Health Care Team have an obligation to conduct themselves in a professional manner, to protect the confidentiality of the doctor-patient relationship, and to maintain the clinical relationships which facilitate optimum delivery of Medical Services to the patient.

We will assure that Dr. Chang has the opportunity to seek reassignment to a location where he can practice medicine appropriately with an improved understanding of the need for teamwork. Efforts are already underway to improve our orientation of new physicians to the needs of the communities in which they will work.

This office remains committed to providing the best possible Health Care Services to the Fort Peck Community and we appreciate your cooperation in that endeavor.

Sincerely yours,

JAMES DANIELSON,
Director, Billings Area,
Indian Health Service.

COMMUNITY HOSPITAL,
Poplar, MT, May 14, 1984.

Mr. JAMES DANIELSON,
Billings Area Director,
Billings Area IHS Office,
Billings, MT.

DEAR MR. DANIELSON: We are concerned re: the physician situation at the Poplar Indian Health Center. As you know, these physicians are, or seek to become, members of Community Hospital, a privately-owned facility and the only hospital here in Poplar. As physician members of the Medical Staff, these physicians not only provide Emergency Room coverage and manage hospitalized patients, but also provide supervision of John Alden, CNM, whose privileges as a nurse midwife depend on there being adequate physician supervision. We are most concerned about the removal of physicians from the Poplar area and the lack of any replacements for them.

One of these physicians, Conleth Crotser, M.D., has already been transferred to another Indian Health Center. This transfer took place in what seemed to be a rather precipitous manner and without any attempt to communicate with us as to (1) the fact that Dr. Crotser had been transferred and that this would be accom-

plished posthaste and (2) what arrangements were being made to obtain another physician to fill her place.

At the same time that Dr. Crotser's transfer was announced another physician, Win Chang, M.D., was told that he also would be transferred, although no date was set. We are aware that Dr. Chang has requested that he remain in Poplar for the duration of his obligation to the IHS. We are fully supportive of his desires in this matter and are very concerned that this matter remains unsettled—i.e., neither Dr. Chang nor we have been given any idea of whether or not Dr. Chang will be staying and, if not, when he will be leaving and who will be his replacement.

The third Indian Health Center physician, Pat Burns. D. O., is being transferred as planned at the end of June to another IHS facility. Apparently there is a replacement for him—a physician who has completed a one year internship. However, we have not received any application for medical staff privileges from this physician, even though it is now only a matter of 6 weeks before he is due to arrive and replace Dr. Burns.

As you may perceive, we are most concerned about the IHS physician situation in Poplar and the possible deterioration in care provided to IHS patients at this facility (as well as the Poplar Indian Health Center). We request that this matter be given prompt attention and strongly urge: (1) that Dr. Chang be allowed (as he desires) to remain at the Poplar IHC, (2) that the IHC in Poplar be brought back up to three regular staff physicians; and, (3) that temporary physicians not be relied on to fill regular staff physician positions except during vacations or educational leave.

We will appreciate your thoughts and actions with regard to these matters.

Sincerely yours,

CRAIG NICHOLSON, M.D., F.A.A.F.P.,
Chief of Staff.

DEPARTMENT OF HEALTH AND HUMAN SERVICES—MEMORANDUM

Date: May 15, 1984.
From: Director, Billings Area, Indian Health Service.
Subject: Reassignment of Dr. Win Chang.
To: Acting Service Unit Director, PHS Indian Health Center, Poplar, Montana, Attention: Dr. Win Chang.

Because of the complex problems that have been ongoing at the clinic concerning the medical staff, a decision was made by the Executive Staff in April to reassign Dr. Chang. The Tribal Chairman has been notified of this decision.

If Dr. Chang does not find a position, either on his own or with the assistance of the Physician Recruiter, somewhere within the Indian Health Service by July 1, 1984, he will be reassigned within the Billings Area.

This decision does not question Dr. Chang's expertise or integrity. If either of you have any questions, please call Linda L. Oge, Area Personnel Officer.

ROBERT LAFRAMBOISE
(For James Danielson.)

COMMUNITY HOSPITAL,
Poplar, MT, May 17, 1984.

Congressman PAT WILLIAMS,
Longworth House Office Building,
Washington, DC

DEAR CONGRESSMAN WILLIAMS: As a member of the staff of Community Hospital, I am greatly concerned over the recent actions of the Billings Area Office at the Indian Health Service Clinic in Poplar, Montana. Until recently there was a physician, Dr. Crotser, who had a little over a year left on her commitment at Poplar. Due to a decision by the Billings Area Office, she was transferred and has not been replaced by a semi-permanent physician. A second physician, Dr. Burns, will complete a one year commitment on July 1, 1984. He is planned to be replaced by a semi-permanent physician. A third physician, Dr. Chang, having almost completed a year of a two year commitment, is planned to be transferred by Billings Area Office and thus, a complete physician turnover will occur in a short period of time.

Dr. Win Chang has emphatically expressed his interest in staying in Poplar and completing his commitment here. It is both against his wishes and mine as a staff member, that he be forced to leave. He is an extremely competent physician, shown by his patient care at Community Hospital. He also has established good rapport

with both the professional and other hospital staff. Not only are we happy with the medical skills which he possesses, but also his timeliness in completing the required documentation. He has shown great interest in the community through his involvement in Kiwanis, Chamber of Commerce, and other organizations. It is a rarity that a two year IHS physician, given a chance to transfer, would stay. It is also rare that a physician possessing his skills would be interesting in staying. Moreover, it is amazing that he shows an interest in the community and has made major efforts to improve care provided in our community.

As a concerned staff member of Community Hospital, I believe that Dr. Win Chang should be allowed to remain and complete his commitment here. I feel the concerns and welfare of the community should be weighed in their effects in a decision of this magnitude.

I am requesting your assistance in this matter of grave importance that concerns us all. Your attention in this matter would be greatly appreciated.

Sincerely,

_____ _____.

DEPARTMENT OF HEALTH AND HUMAN SERVICES,
PUBLIC HEALTH SERVICE, HEALTH RESOURCES AND SERVICES ADMINISTRATION,
BILLINGS AREA INDIAN HEALTH SERVICE,
Billings MT, May 30, 1984.

Mr. JAY POTTENGER, Administrator,
Mr. CRAIG NICHOLSON, M.D.,
Community Hospital
Poplar, MT.

GENTLEMEN: Thank you for the expression of your concern regarding the upcoming transfer to Dr. Chang from the Ft. Peck Service Unit.

We welcome your interest in the quality of medical care being provided by the Indian Health Service in Poplar, Montana.

The concerns you have expressed in your letter are valid. Continuity of care is clearly hurt by the rapid turnover of physicians in the community. We are aware that the moving of physicians this year has caused a number of these concerns related to continuity of care to be raised and, rightly so.

We have received many messages of concern from all segments of the community. Furthermore, the hours of our staff time that have gone into events surrounding the transfers number in the hundreds. Without some very good reasons to take the actions that were necessary, it would have been foolish, indeed, for us to have provoked the ire of the community, potentially compromised the continuity of patient care, and expended the time and efforts of a staff that is already overworked. The transfers of the physicians from Poplar by no means resulted from an idle whim; it has cost everyone a great deal and it was not a decision casually reached.

I would like to discuss the details of the physicians' transfers with you and members of the community. However, I have been informed that discussing these matters requires a signed release of information from Dr. Chang and Dr. Croster. I can point out that both physicians are Officers in the Commissioned Corps of the United States Public Health Service, a uniform service of the government. As such, they are subject to a code of conduct as professionals and government employees.

In this matter, we have spent many hours in discussing our obligations under the law, government regulations, and codes of professional ethics. We have reviewed our decisions many times, both within the Billings Area Office and with Indian Health Service and Public Health Service authorities in Rockville, Maryland. Those familiar with all the facts of the case have supported our decision.

We will promise to do everything within our power and legal and ethical duties to minimize the impact of physicians' turnover upon the health care of the Poplar community.

For some time now, our staff has been working on locating high quality replacement physicians. We are aware of the inadequacy of the use of temporary physicians and will try to minimize their use.

Again, we feel as badly as the members of the Poplar community regarding the need to transfer Drs. Chang and Croster. In transferring Dr. Burns, we are fulfilling an obligation to him and we try to be very true to our word.

Please continue to feel free to express your concerns to us.

Sincerely yours,

JAMES DANIELSON,
Director, Billings Area,
Indian Health Service.

DEPARTMENT OF HEALTH AND HUMAN SERVICES,
PUBLIC HEALTH SERVICE, HEALTH RESOURCES AND SERVICES ADMINISTRATION,
BILLINGS AREA INDIAN HEALTH SERVICE,
Billings, MT, May 30, 1984

WINSHIH CHANG, M.D.
Fort Peck Service Unit
PHS Indian Health Center
Poplar, MT.

DEAR DR. CHANG: This is to confirm details of our telephone conversation of May 24, 1984. You are hereby directed to report for duty on June 11, 1984, at the Crow Service Unit, PHS Indian Hospital, Crow Agency, Montana. The purpose of this assignment is an evaluation of your performance on several issues. As you were informed, you are serving in your probationary period in the Commissioned Corps and may be separated from that service under Subchapter cc 23.7, Instruction 1, of the Commissioned Corps Personnel Manual, pending results of the evaluation.

The persons responsible for your evaluation will be Tim Visscher, M.D., and Julie Hurlocker, M.D., of the Crow Service Unit. At the end of your evaluation period, a written report of your performance will be submitted by these physicians which will address the following issues:

1. Conduct with respect to your fellow health professionals, particularly, your ability to accept supervision in the clinical setting.

2. Basic Clinical competence in the following primary care areas: A. Pediatrics; B. Obstetrics/Gynecology; C. Emergency Medicine; D. Psychiatry; E. Internal; F. Surgical skills as are appropriate to a primary care setting.

3. Your ability to work with and under the supervision of people of different races, sexes, ethnic groups, and religions.

We have spoken, as you are aware, of the incidents that lead up to the need for this evaluation. In specific, your refusal to work and resolve other differences with Dr. Conleth Crotser, M.D., in her capacity as Service Unit Chief Medical Officer, in the context of my directive to do so constitutes a failure to follow orders. I am aware that your refusal took place of taxing conditions in the Service Unit. As a result, I do not now wish to institute formal disciplinary procedures at this time, but do feel that we need to evaluate you on this issue.

As you are also aware, questions about your abilities to practice in certain primary care areas have been raised. Again, I do not feel that any of this data constitutes probative evidence of malpractice, however, our duties to protect our patients are clear. If there is even good cause to suspect a clinician's practice may be questionable, we have an obligation to evaluate the ability of that clinician to render good care. Though this may work hardships on the clinician, this duty to subject our practice to the scrutiny of our colleagues in order to render the greatest possible protection for our patients, is something that is taken on in the role as physicians. Again, at this point, I do not consider a pattern of poor care to have been established as fact (following which we would be forced to initiate actions up to separating you from the service under Subchapter cc 23.7, Instruction 1), but rather evidence that constitutes a probable cause requiring further evaluation.

Your evaluation at the Crow Service Unit will be a month in length but may be extended beyond that time as needed. Subsequent placements will depend upon findings of the evaluation.

I have instructed the physicians and Clinical Director to render an absolutely objective evaluation and have informed them that they must not expect to produce a prejudged response of any sort either favorable or unfavorable. I have the greatest confidence in the objectivity, ethical character, and basic fairness of these clinicians.

I hope that the evaluation and subsequent placement works out in your favor. I must note that I have been impressed with the degree of support that the community of Poplar has expressed for you and your activities in the community. However,

community support cannot be the major criterion upon which judgments about the quality of medical practice are made.

Sincerely yours,

ROBERT LAFROMBOISE.
(FOR JAMES DANIELSON, DIRECTOR,
Billings Area Indian Health Service.)

CONGRESS OF THE UNITED STATES,
HOUSE OF REPRESENTATIVES,
Washington, DC, June 1, 1984.

James Danielson,
Area Director, Indian Health Service,
Billings, MT.

DEAR MR. DANIELSON: I have been contacted by the community of Poplar and several members of the professional medical community of Poplar in regard to Dr. Chang, an employee of the Indian Health Service. I also received numerous letters of support for Dr. Chang.

It is my understanding that Dr. Chang is to be transferred to Crow Agency. According to the reports I have received, the community Health Center and the Tribal Board are in unanimous agreement that Dr. Chang should remain on staff in Poplar.

I have been advised that there has been a tribal resolution to this affect forwarded to your office. I have further been advised that two additional doctors are being removed from the staff. According to Mr. Dallas O'Conner, President of the Board of the Medical Clinic in Poplar, the remaining doctor would be the only doctor left with hospital admitting privileges. This would increase his patient load and responsibility excessively. Further, the community is concerned, as I am, for the continuity of medical care to those patients presently being served.

I am aware that it is reportedly very difficult to find doctors will to locate in Poplar permanently. It would appear at this time, that Dr. Chang is not only willing to remain in Poplar, but has a rapport with the community and patients that he serves.

The reports I have received indicate that a replacement has not yet been obtained, nor is there any indication that a replacement will be sought for Dr. Chang's position, thus further burdening the remaining doctor.

I am extremely concerned over allegations that an internal conflict has resulted in the decision to remove Dr. Chang at this time. I strongly feel that the welfare of the community should be first and foremost in this instance. Further allegations have been made that correspondence sent to you from the Medical Clinic and Tribal Council requesting information from your office have gone unanswered. I would like to know the disposition of these written requests.

I am requesting a detailed report as to the intentions of the Indian Health Service to either remove or replace Dr. Chang and the reasons for the removal or replacement at this time. Your prompt attention to this matter would be greatly appreciated.

Sincerely,

RON MARLENEE.

COMMUNITY HOSPITAL,
Poplar, MT, June 8, 1984.

JAMES DANIELSON,
Director, Billings Area Indian Health Service P.O. Box 2143
Billings, MT.

DEAR MR. DANIELSON: Thank you for your response to the letter sent to you by Mr. Pottenger, Administrator of Community Hospital, and myself. We certainly appreciate your continuing efforts to obtain appropriate physician replacements for this area. Unfortunately, we have not received any applications for medical staff membership and, as you know, with Dr. Winshih Chang now in the process of leaving and Dr. Pat Burns scheduled to leave by the end of the month there will be no IHS physicians on staff at this hospital.

The purpose of this letter, however, is primarily to comment on Dr. Chang's work here at Community Hospital. I have become aware that Dr. Chang has been directed by you to undergo a period of evaluation with regard to issues of conduct, clinical competence, and ability to work with other people. Having worked closely with Dr.

Chang here at Community Hospital for the past year, I am surprised and troubled that you feel that such an evaluation is necessary. Dr. Chang is a young, recently graduated physician with only a year of post-graduate training and no practical experience, except what he has obtained here in Poplar. Having worked at the Poplar IHS and at this hospital myself, I know that the work load here can at times be very demanding for the best of physicians. It has been my observation that Dr. Chang has met this challenge and has performed most satisfactorily at Community Hospital and has demonstrated professional growth during this past year. As you might expect in a hospital, particularly a small one, other professional staff, particularly nursing, are acutely attuned to any deficiencies that may be present in physicians who care for the patients admitted to the hospital. In this regard, I have received little, if any, negative comments regarding Dr. Chang, but instead, have received many positive comments regarding his handling of patients and his respect for and ability to work with the other professional staff at this facility. Unfortunately, this cannot be said to be true of all other IHS physicians who have worked here. Of course, I have also worked closely with him myself and have observed directly his ability to work with patients and with other staff and, as indicated already, I have found him to be a conscientious and capable physician. I might add that I have, at times, made suggestions as to evaluation or treatment of patients and have found Dr. Chang most receptive toward listening and perhaps obtaining some guidance from another physician. Again, I cannot say that this has been true of all IHS physicians with whom I have worked.

As regards to your reasons for undertaking this evaluation, I must say that I am somewhat confused. I have been led to believe that it is largely because Dr. Chang allegedly refused to work cooperatively with Dr. Crotser while she was Chief Medical Officer at the Poplar IHS. I understand that Dr. Crotser did not wish to continue in this position and that Dr. Chang was subsequently given this title (and the authority to go with it, I assume)—at least I was so informed by Dr. Crotser. It would seem to me to be most illogical to appoint someone who has been thought to be insubordinate to a position of authority and retain him in this position and, in addition, make the very individual to whom he was allegedly insubordinate, his subordinate. I realize, of course, as you have already informed me, that you cannot discuss this particular aspect of the matter without Dr. Crotser's or Dr. Chang's consents, nor would I presume to have full knowledge of the matter as it has been brought to your attention.

In summary, this is a letter expressing concern and support for a fine young physician just beginning his career, who has become involved in a most unfortunate situation. I understand that your evaluation of him will be conducted in a fair and impartial manner. I am pleased that you will be conducting the evaluation in this fashion, although chagrined that you feel such an evaluation is needed.

Again, thank you for your attention to my thoughts and concerns.

Sincerely yours,

CRAIG R. NICHOLSON, M.D., FAAFP,
Chief of Staff.

PRELIMINARY REPORT

CONSULTATION VISIT TO INDIAN HEALTH SERVICE—BILLINGS AREA OFFICE AND FORT PECK HEALTH CARE FACILITY

Introduction

On July 11, 1984 I travelled to Billings, Montana and spent the 12th, 13th, and 14th interviewing approximately 30–35 people including four IHS personnel in the area office in Billings and the three young doctors involved in the issue about which I was called in consultation. In Poplar, I listened to 12 personnel of the IHS clinic, 7 community hospital personnel, and 5 people from the community and tribe. There were several additional people whose name and/or occupation I did not get recorded.

My primary charge was to make a recommendation regarding whether or not Dr. Win Chang should return to the IHS facility at Poplar. He was previously transferred from Poplar to the Crow facility "for evaluation" with respect to his medical competence, professional behavior, and his ability to interact with people of other races and sex.

It was distressing to an outsider to contemplate the time and money involved in evaluating what appeared to be a relatively minor matter blown out of all proportion which could have been managed much earlier by the area office. However, after my visit I felt that the problem regarding Dr. Chang is a symbol of much greater

problems involving the tribe's perception of IHS area office failures in administration, communication, and health care delivery.

I often heard, "the patient seems forgotten."

The Question of Dr. Chang's Competence and Behavior: Simply put, I was shown no documented, valid, medicall, acceptable, professionally creditable evaluation of Dr. Chang that could justify the actions of the area office. He is a young doctor whose knowledge, performance and behavior appear appropriate to his level of training. He is, after all, a second year resident in the eyes of most of us. He and the other young residents were placed in an untenable position with responsibilities that most hospitals would not give to doctors at the postgraduate 2 level (defined as having had only one year of formal training after medical school).

To further confound the issue, one of the postgraduate 2 doctors was given the title of Chief Medical Officer and the responsibility for critiquing the medical practices of her peers.

My evaluation did not include chart review but chart review was not part of the area offices data base either. I did not get an opportunity to talk with Dr. Saigetz (sp) who was thought by some to monitor the young doctors twice a week and thought by others not to have much to do with them. There was no comment from him in the written data given me.

Secondly, there was a letter from Dr. Julie Hurlocker dated July 4, 1984 stating that Dr. Win Chang had done well in his evaluation at Crow. No problems had been identified *but* she said there was a more detailed evaluation in the offing. I would like to see that evaluation before making an irrevocable decision.

I heard very few negative comments regarding Dr. Chang's performance and none of them were well documented. They were based on feelings, impressions, interpretations, and second hand reports. Often the source appeared to be the few persons or person who had a personality conflict with him.

If evidence based on opinion, feelings, innuendo, interpretations and unrealistic expectations is to be considered valid, there are several additional members of the IHS staff who should be transferred (and most of us would be out of work).

There were strong opinions supporting Dr. Chang including those from Dr. Nicholson, most of the nurses that talked to me, laboratory supervisory staff, medical records people, tribal members, and other employees of the facility indicating that Dr. Chang is an excellent young physician.

It would be well for the tribe and community to be reminded at this point that just because a doctor is likeable does not mean he is a good physician. Some of the desirable characteristics of a good physician are a good bedside manner, interest in the community and empathy but those characteristics do not guarantee that the physician is capable of delivering quality medical care. A good physician must also have solid medical knowledge, the ability to use it appropriately and he or she must keep up to date with the multitude of changes that occur in basic medicine, by pursuing life long learning.

A professional system of review of the quality of medical care should be instituted which includes such things as expectations, limitations, periodic review and an opportunity for remediation. However, unless there is real evidence I don't know about of inadequate practice or inappropriate behavior obtained by a systemic, fair evaluation mechanism, I think that the treatment of Dr. Chang and his transfer to another facility was ill-advised.

Therefore, I would recommend that he return to Poplar for his remaining year, if he wants to. There are two caveats.

One is consideration of the best interest of Doctor Chang. He is a young, vulnerable man who, eventually wants to go on to a residency in orthopaedics. While not responsible for the factionism in the Poplar health care facility, nor responsible for the trouble between the tribe, the facility and the area office, he is never the less a symbol of the polarization of those factions. His return to Poplar might aggravate instead of relieve that polarization. In addition, although his detractors appear to be few in number, it is conceivable that they could make his stay at Poplar very difficult.

On the other hand, it might be good for a young doctor whose reputation and self-worth have been decimated to return to the community and experience the outpouring of love and respect that is visibly there and should repay him in part for the discomfort that this affair has caused him.

The next consideration in my mind is the recurring statement that I heard regarding his need of supervision. I do not think Dr. Chang should be singled out for supervision. I do not think PG-2's and 3's with the rarest exception have the experience in this day and age to practice the kind of medicine needed at Poplar. Young people who have not completed their residency would be supervised in virtually

every other type of clinical practice and therefore they all should be supervised at Poplar.

Realizing the problems in getting personnel, if a suitable, experienced clinical physician cannot be hired to be Chief Medical Officer on site, then some system of weekly visitations by such a Chief Medical Officer should be set up. There should also be telephone backup and various channels of consultations available. Quality control of medical care cannot be provided by a non-physician.

Since I was given to understand that the Service Unit Director is about to retire, perhaps the ideal situation would be to recruit and hire a good clinical physician with administrative training as the Service Unit Director at Poplar. Such a person would be difficult to find but not impossible and the right person with the right qualifications might provide the leadership, communication and supervision that the health care delivery system at Poplar needs. It goes without saying that such a highly qualified person would also have to work closely with the tribe whether he or she be Indian or white.

I frequently heard a statement from people in the area office indicating if they had had a strong on-site administrator to "keep those doctors in line" everything would be all right. Rightly or wrongly, the physician ego will rarely accept that type of regulation from a non-physician.

Furthermore, I got the feeling while I was at Poplar that the problems with the physicians were just the tip of the iceberg.

In the event that a physician administrator is not available, there are procedure and process oriented management techniques which are effective in the administrator-physician relationship so that both can work harmoniously and effectively toward an institutional goal of good health care delivery. Such processes and procedures appear to be indicated at Poplar.

Miscellaneous

The following are some of the other problems that I observed during my visit. Most of them I was not able to evaluate completely.

1. The breakdown in communication and trust between the area office and the Poplar facility, the tribe and community is obvious.

2. There are reportedly strong factions within the IHS clinic which impede its performance.

3. There are significant concerns expressed by Dr. Nicholson and others deploring the failure of the IHS to provide medical coverage for Poplar and the failure of the area office to keep Poplar informed about the status of medical coverage.

4. Over the years some relatively minor and some major frictions and disputes appear to have distracted both the area office and the tribe and community from the real purpose of IHS which is the delivery of good health care to the people of Poplar.

I would like to see something positive come out of this squabble. It is my understanding that there is a Tribal Specific Health Plan. I should think that now, on the heels of this dispute, would be a good time for the tribe, the community, the area office, the health care facility, and others involved to sit down and go over their mutual goals and objectives and set some reasonable, prioritized expectations for health care delivery, the prevention of disease, and the maintenance of health. Thus, we could turn a negative situation into positive action in the best interests of the people of Poplar.

Interestingly, in spite of every thing, virtually all of the people I talked to, including the three young doctors involved in this hoopla, really liked Poplar. They all expressed a caring, hopeful, willing attitude and demonstrated a type of spirit which, if properly channeled will solve the problems. Potentially Poplar could attract and hold good administrators and physicians and put an end to this band-aid type medical care. "Remember the patient".

IHS INDIAN HOSPITAL,
Crow Agency, MT, August 1, 1984.

Gordon Neligh, M.D.
IHS Area Office
Billings, MT.

DEAR DR. NELIGH: In response to your request for a final evaluation of Dr. Winshih Chang, I am submitting this report after six weeks of experience at CAH. This will represent a composite of comments and observations from the medical and nursing staff who have worked with Dr. Chang during his stay here.

As indicated in my interim report, Dr. Chang has continued to demonstrate positive interactions and rapport with our patients. There have been no complaints to my knowledge.

Win has worked under the supervision of most of the medical staff and consistently has shown adequate fund of medical knowledge and appropriate use of consultations in caring for out-patients and in-patients. He has been willing to accept and follow through with advice and suggestions from all fellow physicians who have worked with him. He seems to recognize his limitations and seeks help when indicated.

He has been generous in offering his time in taking additional call and providing in-service education to the nursing staff. He asks meaningful questions and adds productive comments during general in-patient rounds.

Considering the limitations suggested by his minimal post-graduate training in the areas of general medicine, pediatrics and obstetrics, Dr. Chang performs remarkably well, demonstrating a good variety of skills. He has been able to manage adequately in a variety of areas here, which speaks very well for him, but one might naturally be concerned about placing a physician with such specialized interests and training in a general practice situation. Supervision in general medicine and particularly in obstetrics should be provided to back up Win's practice.

Overall, Win's physical examinations and physical assessments have been at least on a par with those of our current medical staff. Documentation, prescribing and follow-up care have been appropriate. In-patient care has been thorough, with good use of laboratory resources, consultation, physical therapy and social services.

Dr. Chang has a pleasant, willing and inquiring personality which have combined to make him a welcome part of our staff during his stay here. He seems to be a competent physician keeping in mind the obvious limitations of his background training.

Sincerely,

JULIE HURLOCKER, M.D.
JIM VISSCHER, M.D.
Chief of Staff.
JIM CARDER,
Clinical Director.

DEPARTMENT OF HEALTH AND HUMAN SERVICES,
PUBLIC HEALTH SERVICE, HEALTH RESOURCES AND SERVICES ADMINISTRATION,
BILLINGS AREA INDIAN HEALTH SERVICE,
Billings MT, August 6, 1984.

Mr. NORMAN HOLLOW,
Chairman, Fort Peck Tribal Executive Board,
Poplar, MT.

DEAR MR. HOLLOW: I have read the recommendation by Dr. Copp, Area Chief Medical Officer, Billings Area Indian Health Service (IHS), dated August 6, 1984, regarding the results of my evaluation at the Crow PHS Indian Hospital, Crow Agency, Montana, and my future assignment.

I have a strong emotional attachment to the PHS Indian Health Center, Poplar, Montana, and to the people of the Poplar community and will always be grateful for the opportunity of having served them.

I will always, as well, be indebted to the unbelievable amount of support that the Tribe, the Community Hospital, and the people in Poplar have given me.

I am a Commissioned Officer in the US Public Health Service and must respect the recommendation from the Area Chief Medical Officer of my transfer to the Crow Service Unit in order to continue to be a useful part of the Indian Health Service.

I concur with and have accepted this recommendation without ever forgetting my appreciation, nor my greatest respect for my friends in Poplar, Montana.

Sincerely yours,

WINSHIH CHANG, M.D.

DEPARTMENT OF HEALTH AND HUMAN SERVICES—MEMORANDUM

Date: August 6, 1984.
From: Chief Medical Officer, Billings Area Indian Health Service.
Subject: Placement of Winshih Chang, M.D.
To: Director, Billings Area Indian Health Service.

Now that we have the preliminary report of Dr. Furstenberg's independent conclusions from interviews, and an evaluation of Dr. Chang's clinical performance from the medical staff at Crow Agency, it is time to summarize the demonstrable facts which apply to the question of Dr. Chang's future assignment and to reach an agreement with Mr. Norman Hollow, Chairman, Fort Peck Tribal Executive Board, and Dr. Rhoades, Director, Indian Health Service.

Since you are familiar with the myriad details of this issue, permit me to summarize the pertinent material in abbreviated form:

(A) The evaluation of Dr. Chang's clinical performance, at the Crow Service Unit, leaves us with the unambiguous conclusion that he has both the ability and the desire to practice general medicine in a fully competent manner. The clinical and administrative staff were unanimous in their support of his professional competence and his ability to work amiably with the rest of the staff after evaluating his performance as directed in your memorandum dated May 30, 1984 on the following:

1. Conduct with respect to your fellow health professionals, particularly, your ability to accept supervision in the clinical setting.

2. Basic clinical competence in the following primary care areas: a. Pediatrics; b. Obstetrics/Gynecology; c. Emergency Medicine; d. Psychiatry; e. Internal; f. Surgical skills as are appropriate to a primary care setting.

3. Your ability to work with and under the supervision of people of different races, sexes, ethnic groups, and religions.

(B) While Dr. Chang reportedily engaged in unprofessional interactions with other clinic staff at the PHS Indian Health Center, Poplar, Montana, no such behavior occurred at the Crow PHS Indian Hospital, where he was quickly accepted by patients and staff. I believe the prior lapses in professional decorum were attributable to the unusual circumstances of the working environment rather than being characteristic of Dr. Chang's interpersonal skills. He has demonstrated his ability to work with people of other races, sex

(C) Questions were raised with the regard to indications that Dr. Chang might be in need of greater supervision in his clinical practice. While I am not in complete accord with Dr. Furstenberg's view that "young people who have not completed their residency (should) be supervised in virtually every . . . type of clinical practice. . . ," it is clear that Dr. Chang seems to function best in a clinical setting which includes board-qualified physicians and the immediate opportunity to confer with more experienced clinicians. I will readily admit to the compromise involved in giving relatively inexperienced general medical officers the "Chief of Staff" responsibilities at our smaller clinics, though we often have no alternative.

(D) Dr. Furstenberg recommends that Dr. Chang return to Poplar for his remaining year (if he wants to) and adds two caveats to that recommendation. First, she accurately identifies Dr. Chang as a symbol of the factional polarization between some tribal members, the clinic facility, and the Billings Area Office.

It is my belief that his return to Poplar would aggravate that polarization and be disruptive to the function of the clinic. In addition, Dr. Furstenberg expresses her concern that his detractors could make his stay at Poplar very difficult.

Since these conclusions were drawn, I have discussed this point with Dr. Chang. While he is profuse in his praise for the community and his gratitude for the support they have demonstrated, he is practical enough to appreciate and share our concern for how well he could function at Poplar, despite his strong sense of loyalty and commitment. We discussed several options for assignment, including the possibility of his returning to Poplar.

It is understandable that Dr. Chang would not wish to make any statement or take any action which would indicate ingratitude or lack of appreciation for the warm support he receives from the Poplar community. Still, I believe he acknowledges, with intellectual honesty, that he can practice more productively in another clinical setting.

Therefore, as the Area Chief Medical Officer, interested in the best interests of the Poplar community, Dr. Chang's career, and the development of a stable first-class health care system on the Fort Peck Reservation, I must in good conscience recommend that we transfer Dr. Chang to the staff at the Crow Service Unit and make a strong commitment to improved management, clinical organization, and quality health services for the Fort Peck Reservation.

DANA B. COPP, M.D.

SUGGESTED TYPE OF RESPONSE

I have read the above recommendation by Dr. Copp and concur with his conclusions. I have a strong emotional attachment to Poplar and to the people of that com-

munity, and will always be grateful for the opportunity I had to serve them. However, the events of the past few months have convinced me that my returning to the clinic staff in Poplar is no longer a viable alternative. It is with a great sense of appreciation and respect for my friends at Fort Peck, that I accept another assignment in order to be a useful part of the Indian Health Service.

WINSHIH CHANG, M.D.

DEPARTMENT OF HEALTH AND HUMAN SERVICES—MEMORANDUM

Date: Jan 22 1985
From: Director, Billings Area, Indian Health Service.
Subject: Detail of Dr. Martin Kileen and Mrs. Gail Kileen.
To: All Program Managers, All Service Unit Directors.

The purpose of this memo is to keep you all informed of some of the actions that are taking place to improve programs, procedures and meet our overall Area needs.

As a result of heightened emphasis on and use of automated data processing (ADP) systems in the Area, we identified a need to develop a proper interface between the needs of various programs, in developing and maintaining data, and the technical ADP staff who actually develop the programs to meet those needs. We were fortunate enough to have an individual within the Area that is able to provide that interface. As a result, Dr. Martin Kileen has been detailed from the Blackfeet Service Unit to the Billings Area Office, Planning and Information System, to assist us in accomplishing this objective.

As a result of Dr. Kileen's expertise in both ADP and clinical care, we will be able to utilize his skills as a practitioner to meet some of the other needs we've identified in the areas of quality assurance, contract healtn care, etc. Dr. Kileen may be reached at telephone number 657-6206.

As a result of reorganizing, staff turn-over, and the new initiatives in ADP, we have also identified other concerns, such as properly developing programs to obtain and access nursing care information, quality assurance, and a variety of other tasks, which are not yet addressed at the optimum level. Thus, Mrs. Gail Kileen, has also been detailed from the Blackfeet Service Unit to the Billings Area Office, Health Care Programs, to assist in identifying current needs and participating in the determination of how we will most effectively meet those needs. Mrs. Kileen may be reached at telephone number 657-6176.

We welcome Dr. and Mrs. Kileen and feel very fortunate to have staff, such as they, who are willing to accept these challenging assignments that will contribute to the overall effectiveness of the Area. We are hopeful that they will realize some personal satisfaction from these assignments.

JAMES DANIELSON.

BILLINGS AREA OFFICE
INDIAN HEALTH SERVICE

QUICK REFERENCE LIST

March 5, 1984

COMMERCIAL: 657 + Extension Number

FTS: 585 + Extension Number

EHE	ALLEN, George	6451	
PC/CH	ARNOLD, Rolland	6173	
PH	ASHMORE, Robert	6345	
EHE	AXLUND, William	6451	
AS/PH	BAPTISTE, Dolph	6645	
PER	BARACKER, Dolly	6341	
PP&S	BIG DAY, Veronica	6131	
PH	BRADBURY, Joy	6161	
PH	BRIEN, Robert	6161	
PP&S	BRISBO, Donna	6334	
PP&S	BROCKIE, Daryl	6206	
PER	BROCKIE, Dixie	6169	
AS/PH	BROCKIE, Henry(Mickey)	6645	
PH	BROWN, Greta	6161	
EHE	BUCK ELK, Clara	6451	
AS/C	BUCKLES, Diana	6123	
EHE	BYRAM, Charles K.	6451	
	CASHIER	6830	
TP	CELLAN, Franci	6174	
PC	CHAMBERLIN, Robert	6173	
AS/C	CHAMPAGNE, Emory	6123	
ASP	CHRISTENSEN, Betty	6458	
PP&S	CHRISTIANSON, LeAnn	6206	
HE	CLARK, Margaret (BobbyJo)	6178	
PP&S	CLIFFORD, Harrison	6641	
AS/C	COLLINS, Carmella	6123	
TP	CONWAY, Pete	6406	
PC	COPP, Dana, Dr.	6403	
PH	COURTWRIGHT, Carla	6161	
CHS	COURTWRIGHT, Lance	6161	
AS/PH	COVERS UP, Bernard	6458	
AD	DANIELSON, James	6403	
AD	DICK, Toni	6403	
AS/PH	DINTUS, Ruth	6458	
PER	DOMIRE, Sharon	6618	
PH	DRAKE, Loretta	6161	
PP&S	EDER, Diane	6131	
AS/C	EDER, Kathy	6123	
ASP	ELLERTSON, Ginger	6403	
EHE	EVANS, Orin	6451	
PH	EXENDINE, Jessica	6161	
AS/PH	EXENDINE, Joe	6458	
TP	FALLS DOWN, Adlai	6406	
PP&S	FALLS DOWN, Melanie Vicki	6334	
TP	FISHER, Reis	6171	
PH	FLUERY, Carla	6161	
PP&S	FRAZIER, Halbert	6206	
EHE	GOES AHEAD, Rhea	6451	
PH	GRANT, Mary (Susie)	6161	
EED	GUDGELL, Dona	6659	
PH	HANLEY, R. J.	6161	
CHN	HARDING, Rita	6173	
EHE	HAYES, Robert	6451	
EHE	HEAD, Beverly	6451	
AUD	HEALY, Alberta	6163	
EHE	HILL, Aneda	6451	
PP&S	HILL, Verlie	6131	
AUD	HLADEK, Glenn	6165	
PP&S	HUMIS ARROW, Alice	6131	
EHE	HUTCHINSON, John	6451	
EHE	JOHNSON, Dale	6451	
PH	KELLOGG, Carol	6161	
EHE	KILLSPRETTYENEMY, Dale	6451	
PH	KILLSPRETTYENEMY, Jolene	6206	
AUD	KOBUS, Kathleen	6165	
PER	KREIGER, Carole	6730	
ICHD	LAFROMBOISE, Robert	6403	
ALC	LAPOINTE, Cheryl	6406	
PH	LAVERDURE, Patricia	6161	
AUD	LEWIS, Charles	6165	
PP&S	LICH, Harvey	6206	
PC	LITTLE LIGHT, Audrey	6176	
CHS	LITTLE LIGHT, GARFIELD	6161	
AS/C	LONGEN, Daniel	6123	
PER	LOVE, Laura	6169	
PER	MACDONALD, Sandy	6730	
AS/C	MAGUFFEE, Charles	6123	
PH	McGIBONEY, Leona	6161	
PC	MITCHELL, Elsie	6617	
PP&S	MITZEL, Carol	6334	
AS/C	MONTEAU, Dick	6123	
HE	MOORE, Ralph	6176	
ALC/PH	NEZ PERCE, Ina	6345	
PH	NELIGH, Gordon, Dr.	6406	
PER	NICHOLSON, Kim	6341	
PER	OGE, Linda	6659	
PH	PAPINEAUD, Duane	6161	
HE	PEASE, Carl	6173	
DE	PITTS, Gerry, Dr.	6172	
ASP	PLUMAGE, Joseph	6403	
ND	POKIER, Dorothy	6173	
PR	PRATT, Darrell	6617	
PP&S	RACINE, Leslie	6334	
CHS	REEMTS, Lucy	6161	
PER	REVELL, Darlene	6341	
L&I	RAYMOND, Donal	6345	
EHE	RAYMOND, Robert	6451	
AS/CH	RED WILLOW, Conrad	6123	
PER	SALACINSKI, Richard	6341	
PER	SALWAY, Sylvia	6659	
AS/C	SCHLANT, John	6123	
AS/C	SHAMBO, Caroline	6621	
PP&S	SMITH, Crystal	6334	
PP&S	SMITH, LEATHA	6334	
CHN	SMITH, Mary Jo	6188	
PH	SNOW, Elwell (Ozzie)	6161	
PP&S	SPANG, Cheryl	6131	
PH	SPOTTED HORSE, Phyllis	6161	
PP&S	STEWART, Minnie	6131	
SSS	THOMAS, Larry	6617	
PH	THOMAS, Loretta	6161	
DE	TIMMINS, Betty	6345	
PER	TOBACCO, Celeste	6341	
MH	TOWER, Margene	6345	
CHS	TURNS PLENTY, Alice	6161	
CHS	TURNS PLENTY, Mary	6131	
AS/C	VALLIE, Ronald	6123	
PP&S	WALL, Almira	6131	
PP&S	WALL, Mary	6334	
EHE	WANDERSEE, William	6451	
AS/C	WELCH, Sharon	6123	
PH	WHISTLER, David	6161	
ICHD	WHITE, Gwen	6171	
EHE	WILLIAMSON, Kenneth	6451	
AS/PH	WILLIAMSON, Ruby	6645	
PER	WOMELDORF, Gladys	6341	
PH	WOUNDEDFACE, Elsie	6161	
ICHD	WRIGHT, Robert	6730	
PH	YBARRA, Patricia	6161	

AREA INDIAN HEALTH BOARD 656-2269
TELECOPIER 657-6333

BILLINGS AREA OFFICE - QUICK REFERENCE LIST - AUGUST 8, 1984

	SPC/AD	ALLEN, George	6451	HCP	LAFROMBOISE, Robert	6403		
	CH	ARNOLD, Rolland	6173	PP&S	LATRAY, Donna	6334		
	PH	ASHMORE, Robert	6345	PH	LAVERDURE, Patricia	6181		
	EHE/AD	AXLUND, William	6451	AUD	LEWIS, Charles	6165		
5	AS/PH	BAPTISTE, Dolph	6645	PP&S	LICH, Harvey	6206	70	
	PER	BARACKER, Dolly	6341	CH/CHH	LITTLE LIGHT, Audrey	6176		
	PH	BEERS, Darlene	6161	PP&S	LITTLE LIGHT, Diane	6131		
	PP&S	BIG DAY, Veronica	6131	CHS	LITTLE LIGHT, Garfield	6617		
	PP&S	BRADBURY, Joy	6131	AS/C	LONGEN, Daniel	6123		
10	EHE/PS	BREITHAUPT, Steve	6451	PER	LOVE, Laura	6169	75	
	PH	BRIEN, Robert	6161	PER	MACDONALD, Sandy	6169		
	PP&S	BROCKIE, Daryl	6206	AS/C	MAGUFFEE, Charles	6123		
	PER	BROCKIE, Dixie	6169	PH	MCGIBONEY, Leona	6161		
	AS/PH	BROCKIE, Henry (Micky)	6645	PER	MITCHELL, Elsie	6341		
15	HCP	BUCK ELK, Clara	6161	PP&S/HR	MITZEL, Carol	6808	80	
	AS/C	BUCKLES, Diana	6123	AS/C	MONTEAU, Dick	6123		
	EHE/PS	BYRAM, Charles K. CASHIER	6451 6830	HE	MYHRE, Ralph	6176		
				BH	NELIGH, Gordon, Dr.	6406		
	TP	CELLAN, Franci	6007	BH	NEZ PERCE, Ina	6345		
	AS/PH	CHRISTENSEN, Betty	6458	PER	NICHOLSON, Kim	6341	85	
20	PP&S	CHRISTIANSON, LeAnn	6806	PER	OGE, Linda	6341		
	PP&S	CLIFFORD, Harrison	6641	PH	PATNEAUD, Duane	6161		
	TP	CONWAY, Pete	6007	CHR	PEASE, Carl	6007		
	CHO	COPP, Dana, Dr.	6403	PH	PEASE, Richard	6161		
	PH	COURTWRIGHT, Carla	6161	DE	PITTS, GARY, Dr.	6172	90	
25	CHS	COURTWRIGHT, Lance	6617	AD	PLUMAGE, Doreen	6403		
	AS/PH	COVERS UP, Bernard	6458	ASP	PLUMAGE, Joseph	6403		
	PP&S	CURPHAN, Jeff	6131	HD	PORTER, Dorothy	6177		
	AD	DANIELSON, James	6403	PER/PR	PRATT, Darrell	6341		
	AS/C	DEMAREE, Carmella	6123	PP&S	RACINE, Leslie	6334	95	
30	AD	DICK, Toni	6403	L&X	RAYMOND, Donal	6406		
	AS/PH	DINIUS, Ruth	6458	AS/GH	RED WILLOW, Conrad	6123		
	PER	DOMIRE, Sharon	6341	PH	REEMTS, Lucy	6161		
	PH	DRAKE, Loretta	6161	EHE/PS	REVELL, Darlene	6451		
	PP&S	EDER, Diane	6131	PER	SALACINSKI, Richard	6341	100	
35	AS/C	EDER, Kathy	6123	PER	SALWAY, Sylvia	6341		
	AD	ELLERTSON, Ginger	6403	AS/C	SCHLABY, John	6123		
	EHE/PS	EVANS, Orin	6451	AS/C	SHAMBO, Caroline	6621		
	AS/C	EXENDINE, Jessica	6621	PP&S	SMITH, Chrystal	6131		
	AS/PH	EXENDINE, Joe	6458	AS/C	SMITH, Leatha	6123	105	
40	TP	FALLS DOWN, Adlai	6007	PH	SNOW, Elwell (Ozzie)	6161		
	PP&S	FALLS DOWN, Melanie V.	6334	PH	SPANG, Cheryl	6161		
	PH	FLUERT, Carla	6161	PH	SPOTTEDHORSE, Phyllis	6161		
	PP&S	FRAZIER, Delbert	6206	PP&S	STEWART, Hattie	6131		
	AS/PH	GILHAM, Alan	6458	PER	TRINORE, Jaynie	6341	110	
45	AS/PH	GOES AHEAD, Rhea	6161	SSS/PH	THOMAS, Larry	6341		
	PER	GOODLUCK, Carol	6341	PH	THOMAS, Loretta	6161		
	PH	GRANT, Mary (Susie)	6161	DE	TIMMINS, Betty	6345		
	PH	HANLEY, B. J.	6161	PER	TOBACCO, Celeste	6341		
	CHH	HARDING, Rita	6173	BH	TOMER, Marlene	6345	115	
50	EHE/AD	HAYS, Robert	6451	PP&S	TURNSPLENTY, Mary	6131		
	EHE/AD	HEAD, Beverly	6451	CHS	TURNSPLENTY, Alice	6617		
	AUD	HEALY, Alberta	6165	AS/C	VALLIE, Ronald	6123		
	EHE/PH	HILL, Aneda	6451	PP&S	WALL, Almira	6131		
	PP&S	HILL, Verlie	6334	PP&S	WALL, Macy	6334	120	
55	PH	HIPPE, Jackie	6161	AFM/ASP	WANDERSEE, William	6451		
	AUD	HLADEK, Glenn	6165	AS/C	WELCH, Sharon	6123		
	PP&S	HUNTS ARROW, Alice	6131	PH	WHISTLER, David	6161		
	EHE/PH	HUTCHISON, John	6451	HCP	WHITE, Gwen	6171		
	EHS/PS	JOHNSON, Dale	6451	EHE/PH	WILLIAMSON, Ken	6451	125	
60	PH	KELLOGG, Carol	6161	AS/PH	WILLIAMSON, Ruby	6645		
	HE	KENNERLY, Donna	6176	PER	WOMELDORF, Gladys	6169		
	EHE	KILLSPRETTYENEMY, Dale	6451	PH	WOUNDEDFACE, Elsie	6161		
	PP&S	KILLSPRETTYENEMY, Jolene	6206	PH	WRIGHT, Robert	6161		
	AUD	KOBOS, Kathleen	6165	PH	YBARRA, Patricia	6161	130	
65	PER	KRLIGER, Carole	6169					

AREA INDIAN HEALTH BOARD 656-2240

U.S. GOVERNMENT; MEMORANDUM

Date: May 28, 1985.
Reply To Attn of: Patrick J. Burns, D.O.
Subject: Statement to Investigation Committee regarding Transfer of Dr. Win Chang.
To: Select Committee on Indian Affairs.

I have been asked to testify to this committee regarding my perception of the state of affairs which led to the transfer of Dr. Win Chang from the Ft. Peck, Montana Indian Health Clinic to the Crow Agency Indian Health Clinic. Let me preface my statements on behalf of Dr. Chang that my association with him has been of the highest quality, and on a professional level I have benefited much from him. I have seen in the IHS how various members of the health care team bring special talents to the primary care setting. Some are trained in pediatrics, some in psychiatry, some in family medicine, others in internal medicine. Dr. Chang's interest and training in surgery and orthopedics has likewise benefited health care at the service unit level and is sought out by his fellow physicians for his knowledge and ability.

Regarding the issues at hand, I would like to say the following. As to whether or not the transfer of Dr. Chang was appropriate or not is not a major issue to me. What is more important are the events leading up to his transfer, specifically the accusations made against him which were put in writing and distributed to various parties. Put simply, the situation in Poplar evolved around a series of accusations made against Dr. Chang by another physician at the Poplar Indian Health Clinic. This physician was Dr. Conleth Crotser who was Chief Medical Officer at the time she made the accusations. Apparently, the director of the area office considered the accusations valid because of her CMO title. I would now like to raise what I feel are important questions regarding statements made against Dr. Chang by the Billings Area Director and the Chief Medical Officer of the Billings Area. Going through a series of letters dated from May 11, 1984 to August 6, 1984, a number of remarks are of concern.

May 11, 1984

Letter from Mr. James Danielson to Mr. Norman Hollow regarding transfer of Dr. Chang

STATEMENT

"The executive staff at Billings has conscientiously gathered facts surrounding the issue and carefully reviewed our position"

"he deliberately and repeatedly engaged in acts of insubordination refusing to follow the instructions of the CMO"

COMMENT

Was the validity of the CMO ever questioned? Or was it just the title of CMO that had so much effect? Note that he is not accused of being insubordinate, but rather it is clearly stated that HE WAS INSUBORDINATE, no question about it. Did the area office ever question if the accusations had substantial merit before putting it in writing and sending it to Mr. Hollow? As we will see later, the Chief Medical Officer of the area office readily admits that the "Chief of Staff" does not always fall on one of adequate experience and that "compromise" may be involved. I can not help but wonder if the use of the CMO as reference was a useful technicality which did not need justification technically. And if so, how conscientiously were facts gathered that later were used to incriminate Dr. Chang? There are even stronger things to consider, however, which I will consider later.

The May 11th letter goes on to say:

STATEMENT

"Every clinician has the obligation to deal with his colleagues in a professional manner. As a result, the discipline of the entire medical staff was compromised."

COMMENT

This statement claims that Dr. Chang was the clinician that was unable to deal with his colleagues and compromised the discipline of the entire medical staff. I am not so sure discipline is a proper word to use, however, regarding the gist of the statement alone. I ask the question: Did it ever occur to the area director that indeed it may have been another clinician who was responsible for the mess at

Poplar? Was Dr. Chang ever given the benefit of the doubt? Did it ever cross his mind, and if so, then why was Dr. Chang so readily declared as being insubordinate and detrimental to the clinic?

August 6, 1984

Letter from Dr. Dana Copp to the Director of the Billings Area regarding Dr. Chang's assessment by Dr. Hurlocher and the evaluation by Dr. Furstenberg

It is stated that Dr. Chang was unambiguously fully competent to practice general medicine in both ability and desire and yet it goes on to state:

STATEMENT

"I believe that prior lapses in (Dr. Chang's) professional decorum were attributable to the unusual circumstances (in Poplar)."

COMMENT

In other words, they state that he got better or at least recovered. I still fail to see where it has ever been truly substantiated that Dr. Chang ever was guilty of previous accusations. Indeed, the word "lapses" carries with it a connotation that Dr. Chang had poor control of himself, exhibiting some form of mental and emotional instability, and for that reason his actions could be overlooked. And I state firmly that Dr. Chang never had any such "lapse" in his professional decorum. I personally resent the fact that these statements still stand against him.

If indeed Dr. Copp readily admits as he does in this memorandum "to the compromise involved in giving relatively inexperienced general medical officers the 'Chief of Staff' responsibilities" at a small clinic then why did neither he nor Mr. Danielson ever question the substantiability or the merit of the accusations made against him by Dr. Crotser and perhaps a group of her friends? Technically it was not required to discuss the matter with Dr. Craig Nicholson or Dr. Richard Segnitz, both active members of the Poplar medical staff. However, it is not clear how the area office could so easily turn aside letters of praise and concern for Dr. Chang from Dr. Nicholson who is a mature, experienced, and respected physician in the Poplar community. Dr. Nicholson had worked closely with Drs. Crotser, Chang, and myself, and had been a member of the clinic staff with Dr. Crotser the year before, and was Chief of Staff at the Poplar Community Hospital. How could they so easily glance over Dr. Chang's support from Dr. Nicholson, the hospital administrator, the tribal council, the Chamber of Commerce, and the community at large? It is unthinkable that the area office could truly believe that myself, the hospital staff, the tribe, and the community at large had had the wool pulled over our eyes by Dr. Chang and that, in fact, he was this sometimes incompetent, irresponsible, insubordinate, and unpersonable individual that "got over" his "lapse."

I admit that the area office has had moments of fairness and has said good things about Dr. Chang, but this is not what I would like to draw your attention to. What concerns me are the insidious remarks that are brought up in official correspondence which are written as fact, without any hint of them being perhaps invalid or unsubstantiated. Technicalities are important in some contexts, but I believe justice is far more important, and these terms are not necessarily synonymous. I express concern to this committee about these statements on behalf of Dr. Chang, for in the end we are talking about comments made against the credibility and stability of a physician. To falsely degrade the reputation of such an excellent and competent physician is to destroy the very essence of his professionalism, and should not be tolerated. If these accusations are found to be false, or hearsay at best, I believe Dr. Chang deserves a formal memorandum stating so, and with full apologies. These are the issues that trouble me and the ones I would like to see resolved.

INDIAN HEALTH BOARD OF BILLINGS, INC.
Billings, MT May 22, 1985

JULIE HURLOCKER, M.D.
Crow Service Unit
Indian Health Service
Crow Agency, MT.

DEAR DR. HURLOCKER: Our organization is regretful that we have not been able to obtain your professional medical services on an ongoing basis as was indicated as a possibility by various Indian Health Service Area personnel.

We were led to believe that with your additional services, we could make an assessment of our current outpatient services and quality assurance program and

thus, be better organized and plan for what continued medical services would be most appropriate.

As you know, our present physician has been employed as a subcontractor with the organization since the beginning of the program, for nearly seven years. He wishes to discontinue his contract with our organization on or before September 30, 1985.

In the meantime, we wish to continue, without disruption of our current medical services, but yet make preparation for obtaining the professional services of another physician.

This process could prove to be most difficult in light of the limited clinic services, volume of patients and unstable funding base. Also, the physician needed for our clinic must be empathetic and knowledgeable of the health status of urban Indians. For example, there are thirty-seven urban programs in the United States with a total of 9.8 million dollars appropriated under Title V of the Indian Health Care Improvement Act. This comprises just over 1% of the total Indian Health Service budget. Yet, the 1980 census shows that over 50% of the Indians reside off the reservation.

At best, we operate on an extremely limited basis. Other funding sources are reluctant to fund us for additional programs, since our federal funding is so unstable.

Your medical and technical assistance have greatly enhanced our program. We had hoped, as a result of the discussions and meetings with you, the Service Unit Director and Area personnel regarding your further assistance that something concrete would have developed by now.

Thank you for your dedication and cooperation with our organization.

Sincerely,

GLORIA COLLINS,
Executive Director.

Program Name Indian Health Board of Billings, Inc.

1. ENCOUNTER DATA: List the totals for the following services for FY 1984.

TYPE OF ENCOUNTER		NUMBER OF ENCOUNTERS
(A) MEDICAL	Physician	3,213
	Midlevel Practitioner	
	Nurse	
(E) DENTAL	Dentist	
	Dental Hygienist/ Oral Therapist	
(G) ALLIED HEALTH		
	(a) Health Education	
	(b) Nutrition	
	(c) Mental Health	
	(d) Optometry	
	(e) Substance Abuse Counseling	
	(f) Other Allied Health	
H) COMMUNITY SERVICE		2,427

Number of COMMUNITY SERVICE contacts not included as encounters: 10,230

BILLINGS AREA OFFICE

POSITION NUMBER	TITLE	AUTHORIZED	ACTUAL	INCUMBENT	SUPV. CODES	FUND ACT	FILL VACA
BA101A	Area Director	GM-0340-15	GM-15-00	James Danielson	3H		
BA102A	Admin. Mgmt. Assistant	GS-0301-09	GS-09-01	Toni Dick	8C	40	F
BA103A	Special Assistant	GS-0301-13	GS-13-07	Lawrence Thomas	8C	40	F
BA190A	Office Assistant (Typing)	GS-0303-05	GS-05-05	Ginger Ellertson	8C	40	F
BA402B	Office Assistant (Typing)	GS-0303-06	GS-05-01	Alberta Huff	8C	40	F
BA191B	Office Assistant (Typing)	GS-0303-06	GS-05-03	Doreen Plumage	8C	40	F
BA201A	Supv. Medical Officer (Adm)	GM-0602-14	CC	Dana Copp	3D	40	F
BA401A	Mental Health Specialist	GM-0101-13	GM-13-00	Christine Peterson	8F	01	F
BA413A	Supvy Environmental Engineer	GS-0819-13	CC	George Allen	10	03	F
BA414A	Environmental Engineer	GS-0819-07		Vice - Brubie	8D	40	F
BA415A	Environmental Engineer	GS-0819-12	CC	William Axlund	8D	21	V
BA416A	Engineering Draftsman	GS-0818-07	GS-07-04	D. KillsPrettyEnemy	8B	40	F
BA417A	General Clerk (Typing)	GS-0303-05	GS-05-04	Beverly Head	8B	21	F
BA418A	Environmental Engineer	GS-0819-11	CC	Robert M. Hayes	8D	40	F
BA419A	Sanitarian	GS-0688-09	CC	Steven Bralthaupt	8F	21	F
BA104A	Hlth Systems Administrator	GM-0670-14	GM-14-00	Harvey Lich	3S	40	F
BA105A	Secretary (Typing)	GS-0318-06	GS-06-07	Daryl Brockie	4S	40	F
BA212A	Secretary (Typing)	GS-0318-05	GS-05-04	A. KillsPrettyEnemy	8B	40	F
BA106B	Supv Computer Systems Analyst	GS-0334-13	GS-12-01	Myron Taylor	1S	40	F
BA106B	Word Processing Coordinator	GS-0301-09	GS-07-04	LeAnn Christenson	8B	40	F
BA107A	Program Analysis Specialist	GM-0345-13	GM-13-00	Helbert Frazier	8H	40	F
BA108A	Medical Record Librarian	GS-0669-12	GS-12-01	Carol A. Mitzel	1S	40	F
BA109A	Medical Record Technician	GS-0675-05	GS-05-01	Melanie FallsDown	8B	40	F
BA110F	Medical Record Technician	GS-0675-05	GS-05-05	Mary Wall	8D	40	F
BA111C	Medical Record Clerk	GS-0675-05	GS-03-02	Verile Hill	8B	01	F
BA112A	Lead Medical Record Technician	GS-0675-06	GS-06-04	Leslie Racine	8B	40	F
BA113C	Medical Record Clerk	GS-0675-05	GS-03-01	Toni Not Afraid	8B	01	F
BA114C	Medical Record Clerk	GS-0675-05	GS-03-06	Marva Windy Boy	8B	01	F
BA115B	Computer Operator	GS-0332-06	GS-05-08	Joy Bradbury Hartl	8B	01	F
BA116B	Computer Operator	GS-0332-05	GS-04-01	Arlene Larsen	8B	01	F
BA117A	Peripheral Equip. Operator	GS-0332-04		vice - Johnson	8B	40	F
BA118C	Peripheral Equip. Operator	GS-0332-04	GS-02-01	Anthony Plumage	8B	01	V
BA119B	Peripheral Equip. Operator	GS-0332-04	GS-03-01	Jeff Curtman	8B	40	F
BA122B	Peripheral Equip. Operator	GS-0332-04	GS-03-03	Mary Turnsciunty	8B	40	F
BA120B	Peripheral Equip. Operator	GS-0332-04	GS-03-02	Alice Hunts Arrow	8B	40	F
BA121B	Peripheral Equip. Operator	GS-0332-04	GS-03-01	Almira Wall	8B	01	F
BA122A	Peripheral Equip. Operator	GS-0332-04	GS-04-02	Diane Little Light	8B	01	F
BA124B	Lead Peripheral Equip. Operator	GS-0332-05	GS-04-01	Veronica Big Day	6B	01	F
BA197A	Health Systems Administrator	GS-0670-12		Vice - Naugle	8H	40	F
BA198A	Computer Systems Analyst	GS-0334-12	GS-12-01	Edward Mousa	8B	03	V
BA199A	Computer Programer	GS-0334-11		Vacant	8B	01	F
						01	V
BA125A	Hlth Systems Administrator	GM-0670-15	GM-15-00	Joseph Plumage	3H		
BA403A	Area Facilities Mgmt Officer	GS-0801-12	CC	Bill Vandersee	10	40	F
BA404A	Mechanical Engineer	GS-0830-12	CC	John Hutchinson	8D	40	F
BA410A	Elc Medical Engineer	GS-0858-12	GS-12-05	Kenneth Williamson	8P	40	F
BA411A	Secretary (Typing)	GS-0318-05	GS-05-08	Aneda Hill	8B	40	F
						40	F
BA127A	Supply Management Officer	GM-2003-13	GM-13-00	Dolph Baptiste	3S		
BA128A	General Supply Specialist	GS-2001-09	GS-09-08	Ruth Dimus	1S	40	F
BA134A	Distribution Facilities Manager	GS-2030-12	GS-12-09	Alan Gilham	8H	40	FB
BA129A	Inventory Mgmt. Specialist	GS-2010-09		Vice - Evanding	8B	01	F
BA130A	Supply Clerk	GS-2005-05	GS-05-05	Henry Brockie	8B	40	V
BA131A	Peripheral Equip Operator	GS-0332-05	GS-05-08	Bernard Covers Up	8B	40	F
BA132A	Office Assistant (Typing)	GS-0303-05	GS-05-04	Ruby Williamson	8B	40	F
BA126A	Office Program Assistant	GS-0303-07	GS-07-09	Betty Christenson	8B	40	F
BA412A	Office Assistant	GS-0303-07	GS-07-06	Rhea Goes Ahead	8D	40	F
						40	F
BA133A	Supv. Contract Specialist	GM-1102-14	GM-14-00	Daniel Langen	3S		
BA136A	Supv. Contract Specialist	GS-1102-12	GS-12-04	Conrad Red Willow	4S	40	F
BA135D	Contract Specialist	GS-1102-11	GS-05-10	Dixie Brockie	8B	40	F
BA136C	Contract Specialist	GS-1102-11	GS-07-01	Diana Buckles	8B	40	F
BA137A	Contract Specialist	GS-1102-12	GS-12-06	John Schlant	8B	40	F
BA138A	Contract Specialist	GS-1102-11	GS-11-10	Richard Monteau	8B	40	F
BA140B	Procurement Clerk (Typing)	GS-1106-05	GS-04-04	Kathy Eder	8B	40	F
BA141A	Purchasing Agent	GS-1105-07	GS-07-07	Carolina Shambo	4S	40	F
BA142C	Procurement Assistant (Typing)	GS-1106-06	GS-04-08	Leatha Smith	8B	40	F
BA142B	Purchasing Agent (Typing)	GS-1105-05	GS-04-09	Jessica Stewart	8B	40	F
BA144B	Procurement Clerk (Typing)	GS-1106-05	GS-04-07	Carmella Denares	8B	40	F
BA145A	Grants Management Specialist	GS-1109-12		Vice - Red Willow	8D	40	V
BA146A	Contract Specialist	GS-1102-11	GS-11-02	Sharon Welch	8B	40	F

...ader, O=Commissioned Officer, C=Confidential Emp., B=Bargaining Unit Emp., S=Supervisor, P=Personnel ... Professional

POSITION NUMBER	TITLE	AUTHORIZED	ACTUAL	INCUMBENT	SUP/MGR CODES	FUND ACT	FILLED VACANT
BA152A	Area Financial Mgmt Officer	GM-0505-13	GM-13-00	David Whistler	24	40	F
BA203A	Area Auditor	GS-0511-13	GS-13-03	Robert Wright	BP	01	F
BA153A	Budget Officer	GM-0560-13	GM-13-00	Carol Kellogg	1S	40	F
BA154C	Budget Analyst	GS-0560-11	GS-07-03	Mary Grant	9B	40	F
BA147A	Budget Assistant	GS-0561-07		Vice - Zitur	BB	40	V
BA155A	Secretary (Typing)	GS-0318-05	GS-05-04	Lucy Reents	BB	40	F
BA156A	Supv. Operating Accountant	GS-0510-11	GS-11-05	Robert Hanley	1S	40	F
BA157A	Operating Accountant	GS-0510-07	GS-09-01	Duane Patneaud	BP	40	F
BA15EA	Operating Accountant *	GS-0510-09		Vice - Courtwright	BB	40	V
BA159B	Accounting Technician	GS-0525-06	GS-05-01	Jackie Hippe	BB	40	F
BA161A	Accounting Technician	GS-0525-07		Vice - Grant	BB	40	V
BA162A	Accounting Technician	GS-0525-04	GS-04-01	Cheryl Spang	BB	40	F
BA135A	Operating Accountant	GS-0510-09		Vacant	1S	40	V
BA163A	Accounting Technician	GS-0525-06	GS-06-07	Elwell Snow	3B	40	F
BA164A	Accounting Technician	GS-0525-05	GS-05-02	Robert Brien	BB	40	F
BA165B	Accounting Technician	GS-0525-05	GS-05-01	Loretta Thomas	BB	40	F
BA166A	Accounting Technician	GS-0525-05		Vice - Brown	BB	40	V
BA167A	Accounting Technician	GS-0525-05	GS-05-01	Phyllis Spotted se	BB	40	F
BA168B	Accounting Technician	GS-0525-05	GS-05-03	Carla Fleury	BB	40	F
BA169A	Supervisory Voucher Examiner	GS-0540-08	GS-08-07	Leona McGiboney	1S	40	F
BA170A	Voucher Examiner *	GS-0540-06	GS-06-07	Patricia Laverdure	BB	40	F
BA196A	Voucher Examiner	GS-0540-06	GS-06-06	Patricia Ybarra	BB	40	F
BA171A	Voucher Examiner	GS-0540-06	GS-06-05	Loretta Drake	BB	40	F
BA172B	Voucher Examiner	GS-0540-06	GS-05-01	Darlene Beers	BB	40	F
BA173A	Voucher Examiner	GS-0540-06	GS-06-04	Elsie WoundedFace	BB	40	F
BA145A	Contract Hlth Svc Officer	GM-0301-13	GM-13-00	Garfield LittleLight	1S	40	F
BA149A	Contract Hlth Svc Clk (Typ)	GS-0303-05	GS-05-04	Alice Turnsplenty	BB	40	F
BA150A	Medicare/Medicaid Technician	GS-0303-07		Vice - Courtwright	BB	40	V
BA151A	Medicare/Medicaid Clk (Typ)	GS-0303-04		Vice-Reents	BB	40	V
BA174A	Supv. Personnel Mgmt Spec	GM-0201-13	GM-13-00	Linda Oga	3S	40	F
BA175B	Secretary (Typing)	GS-0318-05	GS-04-01	Patricia Mousseau	BC	40	F
BA182A	Supv. Personnel Mgmt Specialist	GS-0201-12	GS-12-C2	Donald Macdonald	1P	40	F
BA177A	Personnel Management Specialist	GS-0201-11	GS-11-05	Laura Love	BP	40	F
BA178C	Personnel Management Specialist	GS-0201-11	GS-07-04	Kim Nicholson	BP	40	F
BA185A	Personnel Management Specialist	GS-0201-11	GS-11-01	Carole Kreiger	BP	40	F
BA179A	Personnel Assistant (Typing)	GS-0203-07	GS-07-03	Dolly Baracker .	BP	40	F
BA188A	Personnel Assistant (Typing)	GS-0203-07		Vice- Nicholson	BP	40	V
BA181A	Personnel Assistant (Typing)	GS-0203-07		Vice - Clark	BB	40	V
BA182B	Personnel Clerk (Typing)	GS-0203-05	GS-04-01	Carol Good Luck	BP	40	F
BA187T	Personnel Clerk (Typing)	GS-0203-04	GS-04-01	Carol Shield	BN	40	T
BA180B	Personnel Clerk (Typing)	GS-0203-05	GS-04-01	Sylvia Salway	BP	40	F
BA184B	Class/Wage Specialist	GS-0221-09		Vice - Brockie	BP	40	V
BA187A	Employee Relations Specialist *	GS-0230-12	GS-12-10	Richard Salacinski	4P	40	F
BA210A	Management Analyst	GS-0343-12		Vice - Gudgell	3D	40	V
BA185A	Personnel Assistant (Typing)	GS-0203-07		Vice-Hameldorf	BP	40	V
BA176A	Personnel Staff Spec Recruiter	GS-0212-12	3S-12-06	Sharon Dumire	BF	40	F
BA195A	Personnel Staffing Specialist	GS-0212-12	GS-12-08	Darrell Pratt	BP	40	F
BA202A	Staffing Assistant (Typing)	GS-0203-06	GS-06-04	Elsie Mitchell	BB	40	F
BA188T	Personnel Clerk (Typing)	GS-0203-04	GS-03-01	Roberta Stands	BN	40	T
BA301A	Health System Administrator	GM-0670-15	GM-15-00	Robert LaFromboise	3S	40	F
BA302A	Office Assistant (Typing)	GS-0303-06	GS-06-03	Gwen White	BC	40	F
BA403A	Supervisory Sanitarian	GS-0688-13	CC	Dale Johnson	10	40	F
BA405A	Sanitarian	GS-0688-11		Vice - Evans	80	21	V
BA406A	Sanitarian	GS-0688-12	CC	Charles Bryan	80	40	F
BA407A	Clerk (Typing)	GS-0303-05	GS-05-01	Darlene Revelle	86	21	F
BA0000	Clinical Services Director		Detail	Gordon Neligh	3S	40	D
BA220A	Medical Officer (Adm)	GM-602-15		new	3S	40	V
BA203A	Sup. Aud/Speech Pathologist	GM-0665-13	GM-13-00	Charles Lewis	1S	01	F
BA204A	Audiologist	GS-0665-12	GS-12-04	Glenn Hlaoek	BP	01	F
BA209B	Program Support Assistant	GS-0303-07	GS-06-06	Alberta Healy	BB	40	F

BILLINGS AREA OFFICE

	POSITION NUMBER	TITLE	AUTHORIZED	ACTUAL	INCUMBENT	SUP/HGR CODES	FUND ACT	FILLE VACAN
	BA207A	Nurse Consultant	GS-0610-13	CC	Rolland Arnold	40	01	F
	BA208A	Program Assistant (Typing)	GS-0303-05	GS-05-04	Audrey Little Light	88	40	F
	BA209A	Dental Officer (Adm)	GS-0680-13		Vice - Pitts	40	40	V
	BA210A	Secretary (Typing)	GS-0318-04		vice - Timms	88	40	V
	BA210T	Secretary (Typing)	GS-0318-04	GS-04-01	Alice Marcher	88	40	T
	BA213A	Medical Technologist	GS-0644-12	GS-12-04	Donal Raymond	8P	40	F
	BA215A	Pharmacist	GS-0660-12	CC	Robert Ashmore	80	40	F
	BA320A	Health Systems Administrator	GM-0670-14	CC	Garry Pitts	35	40	F
IN	BA304A	Nurse Consultant	GM-0610-13	GM-13-00	Rita Harding	4P	40	F
	BA306A	Public Health Educator	GS-1725-13	CC	Ralph Myhre	40	23	F
	BA309A	Nurse Educator	GS-0610-12		New	40	23	V
	BA307B	Secretary (Typing)	GS-0318-05	GS-04-01	Donna Kennerly	88	23	F
	BA000D	Vacant	GS-0000-00		vice-contracted		23	V
	BA311A	Mental Hlth Prog. Specialist	GM-0101-13	GM-13-00	Harpena Tower	4P	03	F
	BA312A	Secretary (Typing)	GS-0318-05	GS-05-05	Ina Nez Perce	88	03	F
	BA313A	Psychologist/Soc. Worker	GS- -12		Vice - LaPointe	8P	03	V
	BA314A	Medical Officer (Psychiatry)	GM-0602-14	GM-14-00	Gordon Nelligh	8P	03	F
	BA308A	Public Hlth Nutritionist	GS-0630-12	GS-12-08	Dorothy Porter	4P	01	F
24	BA216A	Medical Officer (Mat/Chld Hlth)	GS-0602-14		vice - Chamberlin	40	01	V
	BA305A	Secretary (Typing)	GS-0318-04		Vice - Smith	88	23	V
	BA217A	Staff Assistant (Typing)	GS-0303-06	RPO-Denver	Vice - Big Horn	88	40	V
HP	BA315A	Public Health Advisor	GM-0685-13	GM-13-00	Cecil Conwy	15	40	F
HP	BA316C	Public Health Advisor	GS-0685-12	GS-09-01	Kenneth Nicholson	88	40	F
	BA317B	Secretary (Typing)	GS-0318-06	GS-05-07	Franci Callan	88	40	F
	BA318A	Public Health Advisor	GS-0685-12	GS-12-02	Adial Falls Down	88	40	F
HP	BA319A	Health Educator	GS-1701-12	GS-12-10	Carl Pease	88	23	F

ACTIVITY		01	02	03	21	22	23	40	43	X	TOTAL
FILLED	TE	10	00	04	04	00	03	99	00	00	122
VACANT	03	00	02	02	00	03	18	00	00	28
TEMPORARY	00	00	00	03	00	00	03	00	00	03
TOTAL	19	00	06	09	00	06	118	00	00	153

GENERAL SCHEDULE 5 U.S.C. 5332(a)

GS	1	2	3	4	5	6	7	8	9	10	Amt. of Step Incr.
	52 Weeks			104 Weeks			156 Weeks				
1	$9,119	$9,650	$9,961	$10,271	$10,582	$10,764	$11,071	$11,380	$11,393	$11,686	Varies
2	10,501	10,750	11,097	11,393	11,521	11,860	12,199	12,538	12,877	13,216	Varies
3	11,458	11,840	12,222	12,604	12,986	13,368	13,750	14,132	14,514	14,896	$382
4	12,862	13,291	13,720	14,149	14,578	15,007	15,436	15,865	16,294	16,723	429
5	14,390	14,870	15,350	15,830	16,310	16,790	17,270	17,750	18,230	18,710	480
6	16,040	16,575	17,110	17,645	18,180	18,715	19,250	19,785	20,320	20,855	535
7	17,824	18,418	19,012	19,606	20,200	20,794	21,388	21,982	22,576	23,170	594
8	19,740	20,398	21,056	21,714	22,372	23,030	23,688	24,346	25,004	25,662	658
9	21,804	22,531	23,258	23,985	24,712	25,439	26,166	26,893	27,620	28,347	727
10	24,011	24,811	25,611	26,411	27,211	28,011	28,811	29,611	30,411	31,211	800
*11	26,381	27,260	28,139	29,018	29,897	30,776	31,655	32,534	33,413	34,292	879
12	31,619	32,673	33,727	34,781	35,835	36,889	37,941	38,997	40,051	41,105	1054
13	37,599	38,852	40,105	41,358	42,611	43,864	45,117	46,370	47,623	48,876	1253
14	44,430	45,911	47,392	48,871	50,354	51,835	53,316	54,797	56,278	57,759	1481
15	52,262	54,004	55,746	57,488	59,230	60,972	62,714	64,456	66,198	67,940	1742
*16	61,296	63,339	65,382	67,425	69,468	71,511	73,554	75,597	77,640		2043
*17	71,804	74,197	76,590	78,983	81,376						2393
*18	84,157										

General Schedule I fective January 6, 1985
Department of Health and Human Services
Office of the Assistant Secretary for Personnel Administration

MAY 29, 1985.

To the Senate Select Committee on Indian Affairs:

I am responding to a request for testimony with regard to staffing issues in our area and the transfer of Dr. Winshih Chang to our unit last year. I am a family practice physician, board certified, working as a volunteer for the last 2½ years at Crow Agency IHS Hospital.

Re: Dr. Chang: Last year we were requested by Billings Area Office to have Dr. Chang work with us here for an indefinite period for the purpose of evaluation. Specifically, we were to assess his clinical skills; ability to accept supervision; and to interact with staff and patients. It was ultimately decided that he would complete his service at this unit, so he will have spent a year with us by the time he leaves in July. We were told that there had been some problems during his stay at Poplar, in particular, accepting supervision from a female supervisor and some questions were raised as to his clinical competence. We were not given particulars. The administration at Billings Area Office apparently felt it was serious enough to warrant removing Dr. Chang from Poplar and stationing him here at Crow Agency for evaluation. During his service here we have found Dr. Chang to be an excellent addition to our staff. He has provided quality medical care, has excellent rapport with patients and staff, has accepted supervision without problems and has, in addition, engaged in many innovative activities to promote community health education.

Re: Staffing issues: 1. Shortage of positions for needed staff for direct services—We appear to be competing for positions as we observe direct service positions leave the service units and become acquired by the Area Office. We are chronically short of people to provide the quality care and appropriate services desperately needed on the reservations. We have a tremendous turnover in nursing personnel, mostly due to inadequate staff to allow for acceptable work schedules. Our nurses work 3 out of 4 weekends in a month, have split days off and frequently have to come in on their days off to fill in for someone who is sick or on vacation, because we don't have enough staff to cover for those situations. At some times, we are simply unable to do our job and admit people who need it to our hospital, because we have inadequate nursing coverage because of lack of staff. We nearly always have nursing vacancies, because the turnover is so rapid and the working conditions don't encourage prospective employees. The long delay in processing someone to be hired also contributes to these chronic vacancies. Even if we were able to have all those positions filled, the number of allowed positions is inadequate to meet all the needs here for quality in-patient and out-patient care. We were under the impression that we had been allotted some 6 additional positions this last year and were hoping to supplement our nursing staff needs with some of those positions, but they seem to have disappeared. We do not know what became of these positions. We have 7 full time physician positions here, to cover our own large volume at Crow Agency, outpatient needs of Lodggrass and Pryor clinics, inpatient needs of Crow, Northern Cheyenne and urban population of Billings, as well as all of the administrative demands of providing good services in a government institution. Physician burn-out is generally completed within 2-3 years. Few ever consider staying to provide the needed continuity of care. How will we fill our vacant positions when the PHS scholarship recipient pool runs out next year? We are already faced with several physician vacancies in the area for the coming year. It would seem there is a major recruitment problem in the area office. If they cannot provide us with the basic staff to provide direct health care to the indian people, what is their function? There are a lot of positions in the Area Office; in fact no service unit has as many. Many of these seem to have been taken from direct services and yet the Area Office does not provide direct services that I am aware of, other than the ENT program.

2. LACK OF ADMINISTRATIVE SUPPORT FROM THE AREA OFFICE

We rely almost entirely upon our own local service unit administrative creativity, energies and talents of our staff to continually upgrade our care and delivery of services, and thereby improving our working conditions as well. This is without apparent support from the Billings Area Office (BAO). Our administrators there do not appear to spend much, if any, time at the service units or on the reservation communicating with the people to whom they should be directly responsible and of whom they should be supportive, rather than adversary. They do not consult the tribal people about issues and decisions they make that directly affect these people and their health care. They do not consult the staff at the service units about the decisions that affect their direct care. How can they know and understand the realities of providing care on the reservations, the hardships and needs of the people when there are no interactions of significance at the local tribal and service unit

level? We must question their credibility and their function. How can we use the services of or expect support from an administrative bureaucracy so out of touch with the people they are supposed to be serving?

We have organized and negotiated an elective surgery program to meet the needs of people here, without draining the contract health care funds, by contracting with local specialists to do surgery at our hospital, providing services to prevent the consequences of "sick" gallbladders turning into critical ones, to allow people a better quality of life by removing their cataracts so that they may see. This has been without increasing the expenditure of our contract care dollars. Indeed, our budget demonstrates that we have spent *less* from fiscal year 1983 to 1984 for outside in-patient hospital care. It has been suggested that the BAO considers these unnecessary services.

Our Physical Therapist is considered something of a "luxury" by the BAO. He is one of our most demanded people for much needed services—for rehabilitation of our injured and handicapped, for many different aspects of pain care, for dealing with numerous orthopedic problems, the list could go on and on.

One of our physicians wrote a proposal and was awarded a grant for a multifaceted education for our large diabetic population here. She was chastized by BAO when she would not leave her fully scheduled clinic at Crow Agency to spend the day in area office for a meeting with the people with whom she had already initiated negotiations concerning the grant. BAO had nothing to do with obtaining this grant, but were threatening possible loss of grant funds due to her failure to appear as ordered.

We negotiate and arrange virtually all of our consultant speciality clinics, CME programs, etc. at the service unit level with no significant assistance by the BAO.

We had developed a comprehensive team approach to our services and a preventive orientation long before they became "catch words" at BAO. The BAO, however, does not provide us with the necessary staff and budget to provide better preventive and team care. Instead, they want us to cut back on our "extra" services.

We have desperately needed a clinical psychologist, as we have an enormous number of people on the reservation with serious mental health problems, largely as a result of poverty, deprivation and difficult living conditions. We were given this position, but it was not filled and we recently received copies of the job announcement, showing it to have been *cancelled.* The same day another job announcement for the social worker position at Lodge Grass was also received and marked "cancelled". That was 1 of 3 social worker positions for this entire reservation and they are the ones we rely upon to deal with all of the social problems, as well as the much needed counselling in mental health. Does it make sense to eliminate these positions in an area where there is so much need and so little resources? There is a psychiatrist, psychologist and "mental health specialist" at the BAO. We need those positions to provide needed direct services.

We had been able to arrange a much needed ward clerk position to relieve some of the clerical and switchboard burden of the floor nurses during evening and weekend hours when they are already short staffed anyway. This position was eliminated by the BAO. The one are in which BAO does provide us with direct services is the ENT program. They have contracted a team which provide clinics at the service units and then do surgery on a monthly or every other month schedule here at Crow Agency. They recently eliminated a critical position in this team—the physician's assistant, who provided a major part of the outpatient assistance in clinics, organizing for surgery, etc. In discussing this with one of our potential ENT contractors, it was stated that he would not consider a contract under that condition, of not having this crucial PA position.

It would seem that our basic goals and priorities differ from those of the BAO administration. We see our priorities to be to provide direct health care services with the best quality care we are able within our resources. The BAO priorities seem to be to maintain a large administrative bureaucracy at the expense of direct services to people.

We continue to observe a decline in funds to provide care. Overall cutbacks are shrinking the resources, but they are shrinking disproportionately *from* direct services. Wouldn't the logical place to cut be from those administrative positions? If we are unable to provide services from lack of funds, what will be the purpose of the administrative bureaucracy anyway?

The Indian Health service might consider consolidating some of the unwieldy bureaucracy at the area level to allow more of the dwindling resources to reach the people they are supposed to serve.

JULIE HURLOCKER, M.D.

APPENDIX II

ADDITIONAL MATERIAL SUBMITTED FOR THE HEARING RECORD

CROW TRIBAL COUNCIL

TESTIMONY

OF THE

CROW TRIBE OF INDIANS

BEFORE

THE

SENATE SELECT COMMITTEE ON

INDIAN AFFAIRS

MAY 30, 1985

BILLINGS, MONTANA

PRESENTED BY:

CROW TRIBAL HEALTH DEPARTMENT

My name is Myron Falls Down, Health Director for the Crow Tribe of Indians. I wish to began my testimony by expressing our appreciation for your concern regarding Health issues confronting Montana Indians. First of all I would like to bring to your attention August of 1981 when your office coordinated an investigation into allegations involving Mr. J.R. Smith's , Billings IHS Area Director, authorization for extravagant waste of IHS Funds on Video equipment and flying lessons. Four years later we are once again attempting to remove another Area Director, and the level of Health Care remains the same with little or no improvements. The Crow Tribe firmly believes if the root of the problem is addressed prior to implementing changes at the Area level this would eliminate the Dandelion effect tribes have been experiencing. The Crow Tribe has established and maintained communication channels with their current Hospital Administrator and have never encountered a situation that could not be resolved locally. However, the Crow Tribe fully supports and endorses the intent of the Billings Area Tribes, provided the intent will improve and ensure the highest level of Health Care for the Tribes according to their specific needs. The Tribes' extensive lobbying efforts at Washington, D.C. ensures Indian Health Service receives continued funding each fiscal year, therefore, it is only logical tribes are contacted and invited for full participation to dictate expenditure of excess year end funds.

The Crow Tribe of Indians requests your office to encourage Rockville IHS Headquarters to ensure Tribal participation with expenditure of year end excess monies and 100% participation by Tribes in recruitment interviewing, and selection of Area Directors; to ensure protection of Billings Area support staff i.e., secretaries, data processors, etc. prior to implementing RIF's or salary reductions. The Crow Tribe suggests a Committee comprising of Tribal Health Directors and/or tribal representatives to hold monthly meetings analyzing Area Personnel Practices, Budget changes and matters, and other areas deemed pertient by the committee. This would assist Tribes in their planning efforts and kept updated regarding these areas.

Lastly the Crow Tribe extends to you personally, Senator Melcher, and your staff for your sincerety and concern for Indian people a very special Thank You.

Indian Health Board of Billings, Inc.

915 Broadwater Square
P.O. Box 203
Billings, Montana 59103
(406) 245-7372 or 245-7318

April 24, 1985

THE HONORABLE MAUEL LUJAN
House of Representatives
Washington, D.C. 20510

Dear Representative Lujan:

I am writing to you in support of the urban Indian health programs. The current and future health status of more than 50% of the American Indian population is in serious jeopardy if the urban Indian health programs are eliminated.

A large percentage of the urban Indian population moved to urban areas as a result of the massive relocation program undertaken by the Federal government during the 1950's. This Indian population maintains strong ties with their reservations and the vast majority continue to be tribal members. No act of Congress and no court decision has ever determined that their status as Indians terminates once they cross the reservation border. In fact, Congress has expressly stated that the Federal Government has a responsibility to provide health care to Indians, including urban Indians, in the Indian Health Care Improvement Act.

The fiscal year 1985 budget for urban Indian health programs is $9.8 million, just over 1% of the total Indian Health Service budget. With this amount, the urban Indian health programs are supposed to serve approximately 50% of the Indian population. Secretary Heckler has stated that the health care available to American people is better than ever before and that the average expenditure per person per year was $1,635.00. In comparison, the amount available to serve 50% of the American Indian population equals approximately $18.00 per person per year. It is not surprising, therefore, that the infant mortality rate for Indian people continues to be twice as high as the national average. The investment in health care for Indian people continues to be far too little.

For the fourth year in a row, the administration has requested no funding for the urban Indian health programs. One of the Administration's arguments for failure to request funding for the urban Indian programs has been the existence of "alternate resources" to provide health care to this population. The urban programs have been able to document that these "alternate resources" are extremely limited where they exist at all. Unlike tribes, urban Indian organizations are not eligible for direct funding under the federal block grant program. Changes in Medicaid/Medicare policies via stricter eligibility criteria, deductibles, etc., severely limit Indian participation. Many metropolitan systems refuse to provide health care to Indian patients, believing they are a federal resposibility.

Your commitment to help meet the health needs of the urban Indian population is absolutely critical to our existence. You cannot solve the federal deficit by eliminating critically needed health programs. There is no safety net for the Indian people of our cities; literally no place else to go.

As a result of repeated attempts to eliminate the urban Indian health programs, the Indian Health Service has made no effort to plan for the future of these programs. We consistently operate from crisis to crisis, never knowing whether we will exist in the next year. Yet, we must face an ever increasing demand for our services and needs that simply cannot be met with limited resources. In Billings, Montana, the Indian population has more than doubled from the 1970 U.S. census to the 1980 census. However, the funding level has remained almost constant, while the patient load has increased and inflation has reduced the buying power of the dollar. We have made significant strides in improving the overall health status of our patients' with very few dollars.

Thank you for your support for improving the conditions of health for all American Indians. We urge you to maintain the Indian Health Care Improvement Acts' original goal - to make Indians as healthy as other Americans.

Respectfully submitted,

INDIAN HEALTH BOARD OF BILLINGS,

Almeda Baker
Vice-chairman

Carleta Wilson
Chairperson

Florence Garcia
Secretary/Treasurer